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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19475 DATE 9/28/94 TAX MAP NO. Pt of 4H A 284 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Irena Johnson PHONE: Business _____ Home _____

ADDRESS Shinnville Rd. Mooresville NC. 28115

LOCATION Shinnville Rd. on ® past Shinnston in new field

SUBDIVISION N/A BLOCK / SECTION _____ LOT N/A LOT AREA ~5 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/23/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth _____

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV - DROP BOXES
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

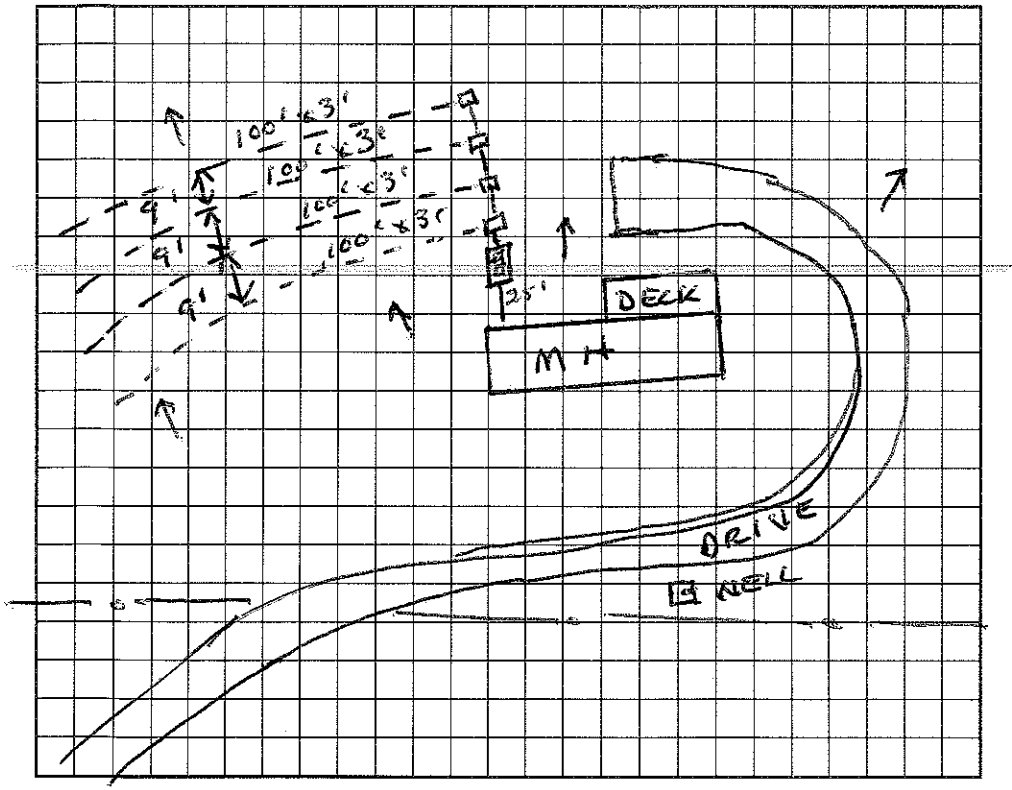
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Installed essentially as drawn.

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Irena Johnson

Improvement Permit by: Wesley Sparks R.S. date 9/28/94

Existing System Inspection by: _____ date _____

Installed by: Dennis Gilchrist

Certificate of Completion by: Wesley Sparks R.S. date 10/28/94

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD