IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# REPAIR PIN# 4765-31-5099 DATE 1-8-07

OWNER OR APPLICANT LANNY JOHNSON PHONE: Business 704-902-4744 Home 704-872-3069

ADDRESS 154 WILDFLOWER LANE, STATESVILLE, NC 28625

LOCATION US 64 EAST, TR BELL FARM ROAD, TR WILDFLOWER LANE, HOUSE AT END ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~3 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. @.30 GAD/FT

Septic Tank: 1000 Gallons; STB 528 Date 12-3-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines TWO Trench Width 36" Max Trench Bottom Depth ~36"± Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: _____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

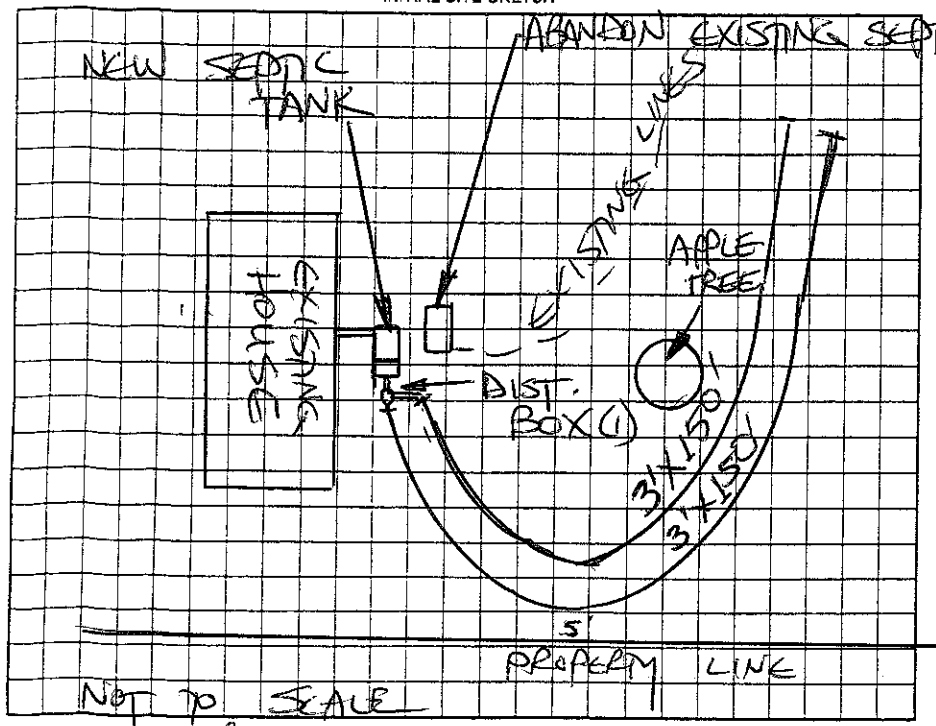
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

Comments:/Conditions: (1) INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN (2) USE ONE DISTRIBUTION BOX WITH SPEED LEVELERS TO ACHIEVE EQUAL DISTRIBUTION WITH SHALLOW TRENCHES.

Comments:/Conditions: Plan Revised 2-6-07 tank markers

INITIAL SITE SKETCH



AS BUILT SKETCH

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 with plat valid without expiration ☑ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 1-8-07

Improvement Permit by: STEVE HEDRICK date 1-8-07

Authorization to Construct by: STEVE HEDRICK date 1-8-07

Installed by: _____ date _____

Operation Permit by: _____ date 2-9-07

Existing System Inspection by: _____ date _____

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