IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2/2113

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

PIN # 4770-15-0500

APPLICANT: Steven + Kristen Johnson APPLICANT ADDRESS: 109 G Michigan Dr Mooresville NC

SITE ADDRESS: 1268 Shinnville Rd - Cleveland PHONE: 704-650-8931 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 N, TR on Shinnville Rd, Lot on R past Sonoma Dr

SUBDIVISION: James W. Johnson III + Tonda W Johnson SECTION: LOT # TR 2 LOT AREA: 3 ac. DESIGN FLOW: 360 gpd L.T.A.R.: 0.225

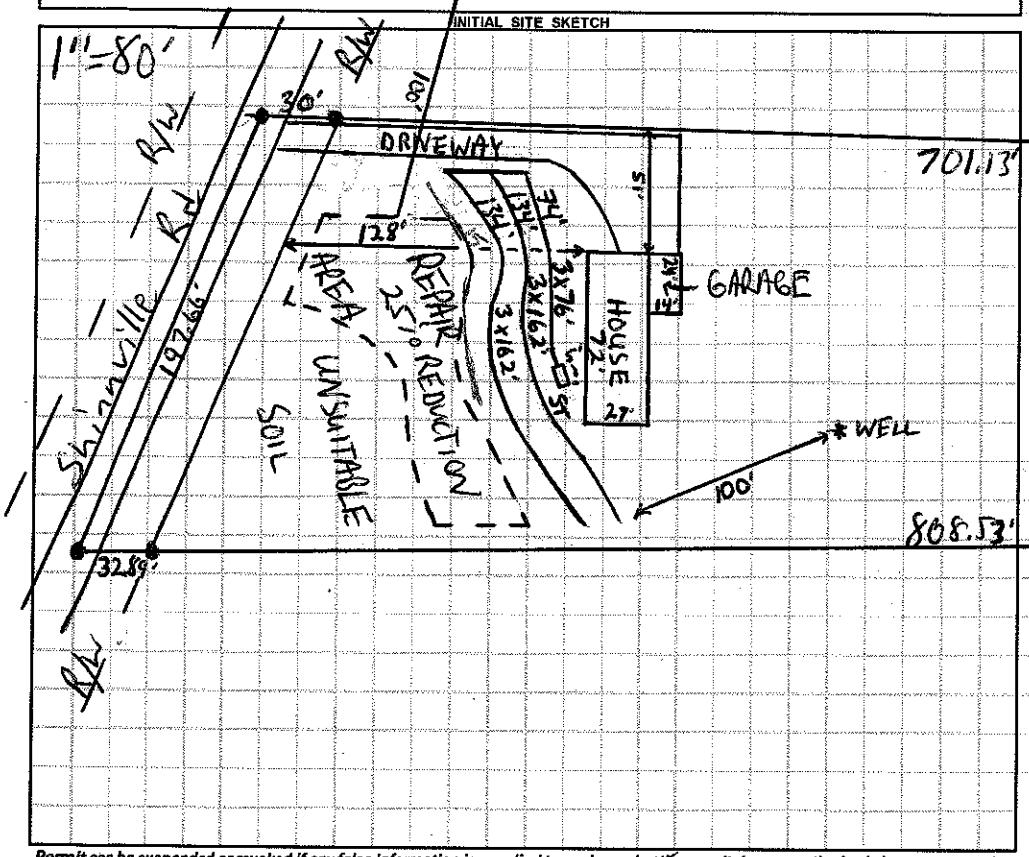
Septic Tank	1000	(gal)	STB 825	Date	1-10-16	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	Gravity 25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Gravity 25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth *	36" *	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

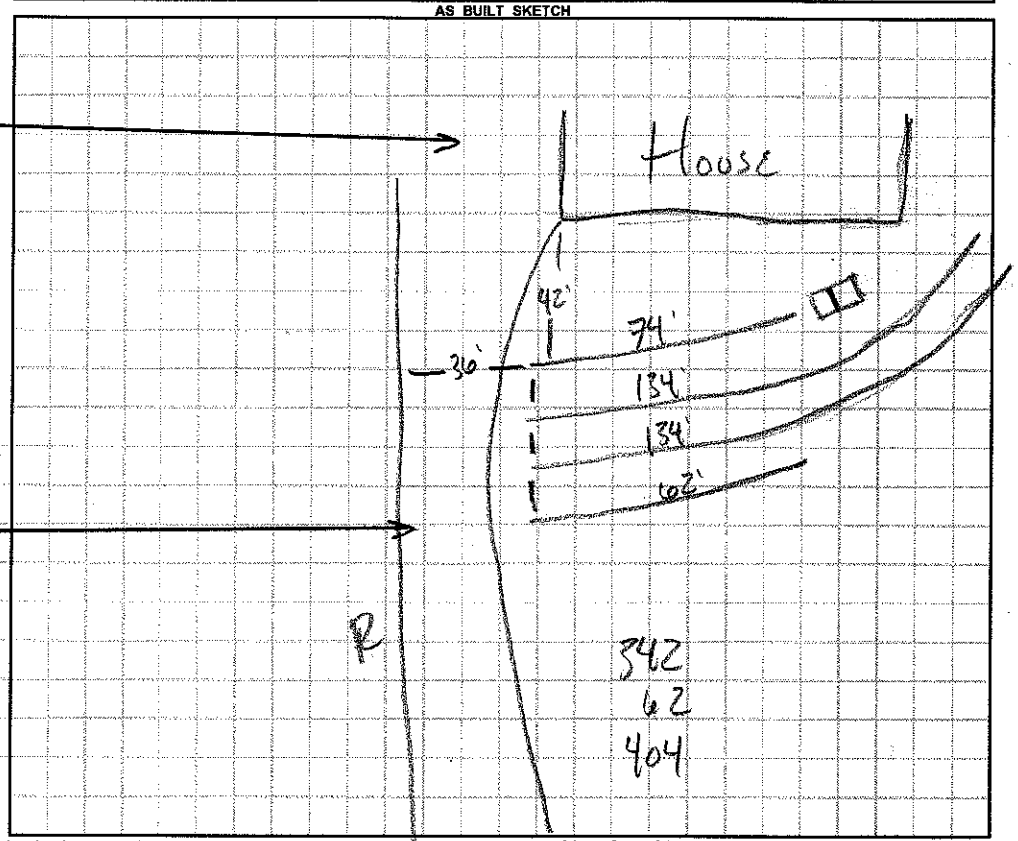
Comments / Conditions: * Install trenches 36" deep *

- NEIGHBORS WELL AREA -

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kristen Johnson Date: 10-5-15 Installed by: Ronnie Drye

IMPROVEMENT PERMIT by: [signature] Date: 9-17-15 OPERATION PERMIT by: [signature] Date: 3-18-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-17-15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK