IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117275 PIN# ~~H7275~~ 4770 25 0392 DATE 2-5-04

OWNER OR CONTRACTOR Deborah Johnson PHONE: Business 799-3369 Home 538-0468

ADDRESS 1526 Triplett Road Cleveland, NC 27013

LOCATION Hwy 115 N TR Mazzepa TL Triplett across over Bridge on left #1526

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15.13 Acres SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Square Feet Existing Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

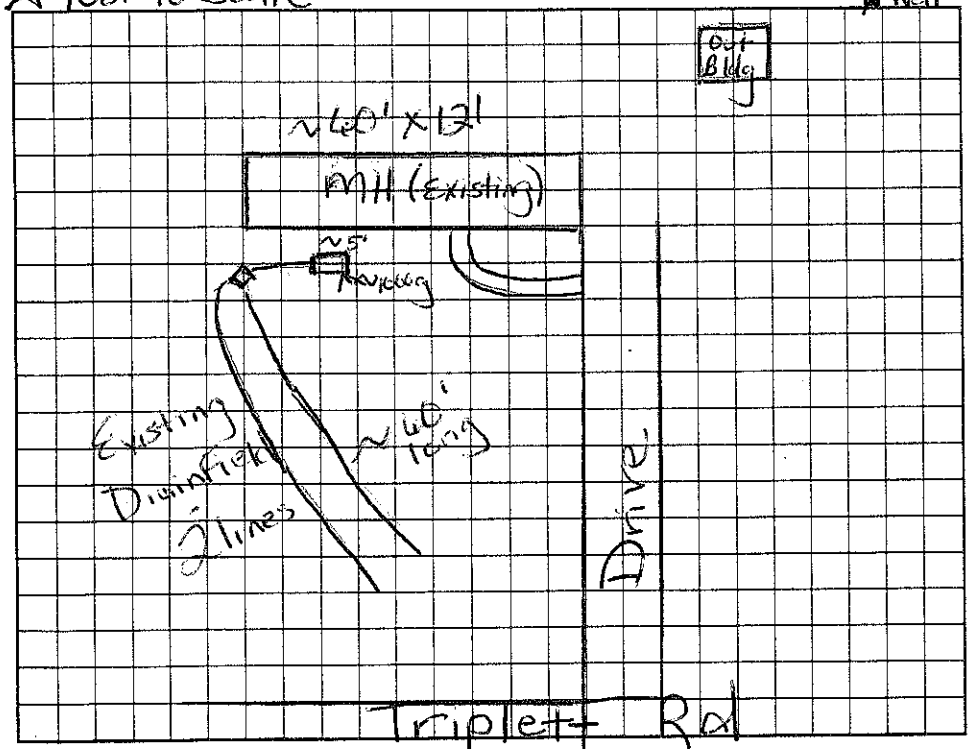
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Shared with Neighbor

Comments/Conditions: Existing Septic System appears to be Functioning okay at time of Inspection.

Comments/Conditions: Note: Advised Owner to remove tree very close to Septic tank & pump ST prior to changing MH's out.

☆ Not to Scale INITIAL SITE SKETCH ☒ Well



AS BUILT SKETCH

☆ Replacing 3 Bedroom MH with 2 Baroom

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: Deborah Johnson date 2/5/04

Improvement Permit by: Marvin H. Dotson RS. date 2/5/04

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: Marvin H. Dotson date 2/5/04

Existing System Inspection by: _____ date _____

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