IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

PERMIT# 114180 PIN# 4774-64-2558 DATE 10-15-03

OWNER OR CONTRACTOR JAMES F. JOHNSON PHONE: Business 704-929-9866 Home 704-546-5472

ADDRESS 4600 HARMONY HWY, HAMPTONVILLE, NC 27020

LOCATION US64 EAST, TR BARRY OAK RD, TR MILLS GARDEN RD, TR TIMBER RIDGE LANE, 1ST LOT ON LEFT

SUBDIVISION MILLS GARDEN FARM BLOCK / SECTION ____ LOT 23 LOT AREA 2.767 ACRES SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 964 Date 4-25-04

Pump Tank: 1500 Gallons; PT 383 Date 1-23-04

Pump Make: ZOELLAR Model BN152-A Serial No. ____

Nitrification Field: No Fields 1 Square Feet 2000 Linear Feet 500+

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION, PUMP

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other POTENTIAL 5 BR

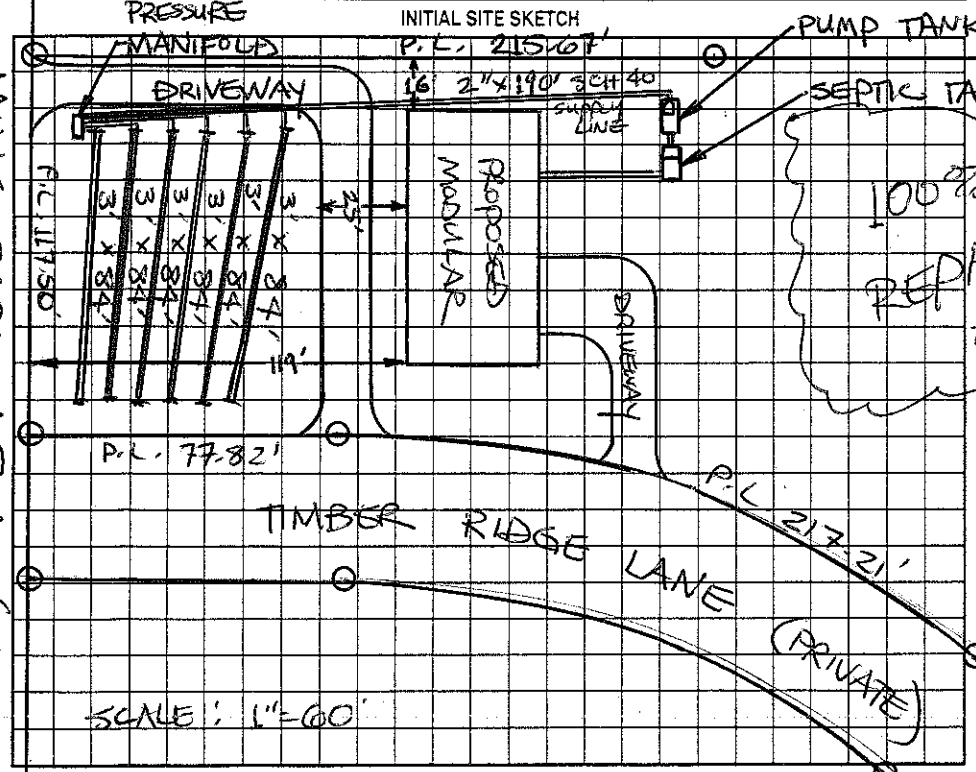
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

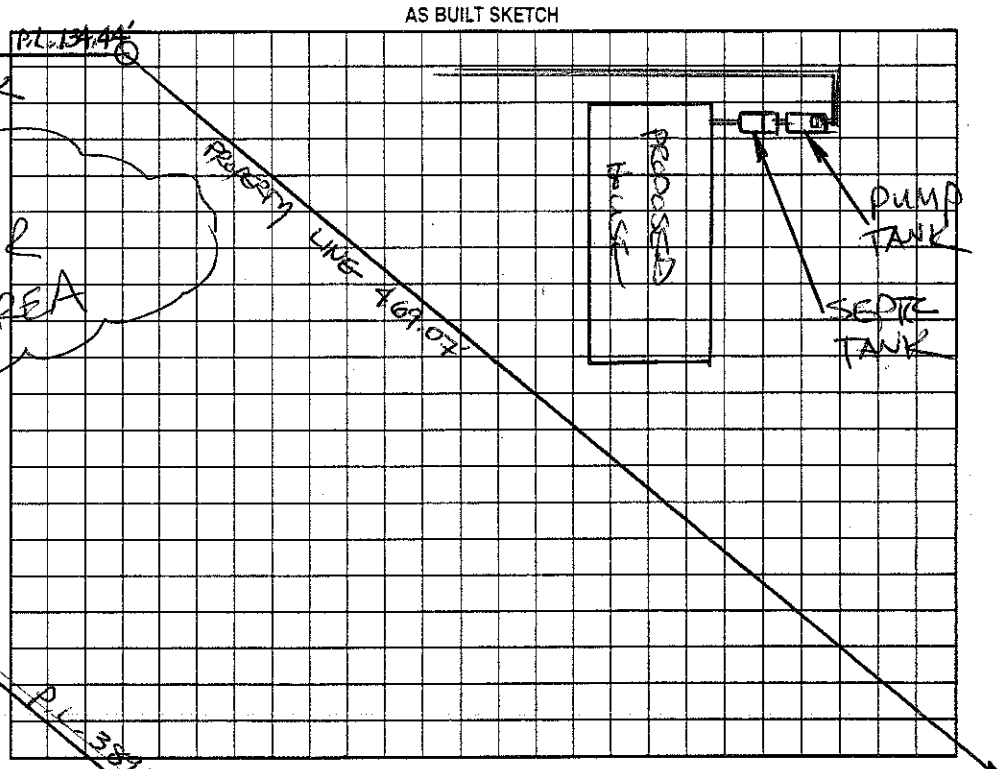
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM IN SIX EQUAL LENGTH LINES ON CONTOUR AS FLAGGED ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

Comments:/Conditions: ① TANKS RELOCATED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL ② SEPTIC TANK WITH MARKER INSTALLED USING RED "PolyLok" FILTER

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: Virginia Kay Johnson date ____

Improvement Permit by: STEVE HEDRICK date 10-15-03

Authorization to Construct by: STEVE HEDRICK date 10-15-03

Installed by: BRENT GALLIHER

Operation Permit by: STEVE HENDRICK date 8-25-04

Existing System Inspection by: ____ date ____

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