IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119219 PIN# ~~4764642676~~ 4795150432 DATE 7-27-05

OWNER OR CONTRACTOR Johnny Johnson PHONE: Business 704-873-5474 Home 704-873-6507

ADDRESS 619 Davie Ave. Statesville

LOCATION Hwy 64 E, TL Sain Rd, TL Spring Forest Rd, on left Lot #79

SUBDIVISION Spring Forest BLOCK / SECTION ____ LOT 79 LOT AREA .8185 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9-8-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 34" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% reduction, gravity
Repair System Description: 25% reduction, gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

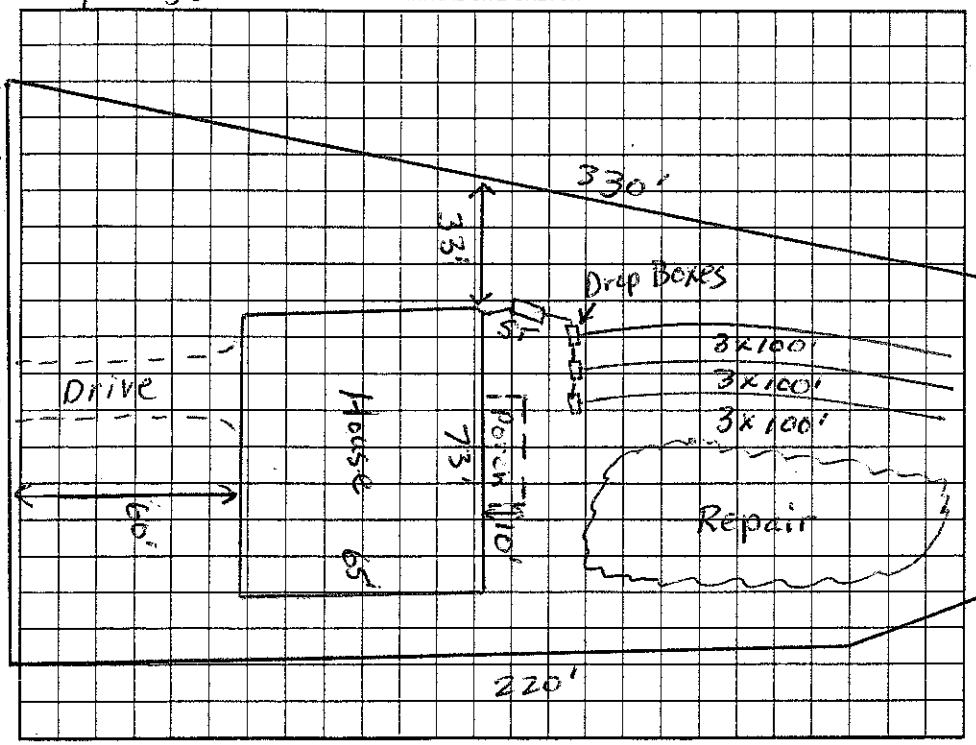
Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions:

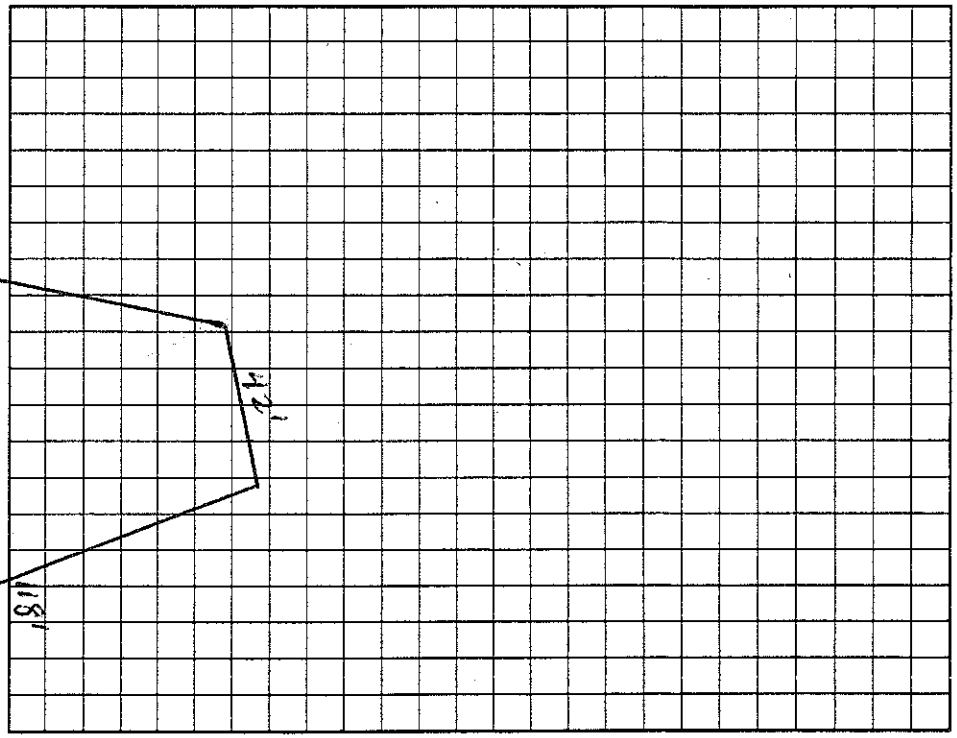
Comments:/Conditions: Septic tank risers
yellow tape to lot

1" = 50'

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: Johnny A Johnson date 9-4-05 Installed by: Eskey Elder

Improvement Permit by: Judy Melvill date 7-29-05 Operation Permit by: Lucy Cook date 5 5 06

Authorization to Construct by: Judy Melvill date 7-29-05 Existing System Inspection by: ____ date ____

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