IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114225 PIN# 4775-15-1385 HO-5317 DATE 7-29-03

OWNER OR CONTRACTOR SUSAN JOHNSON PHONE: Business RANDY-704-202-9824 Home 704-873-3114

ADDRESS 221 RIVER HILL RD STATESVILLE NC 28625

LOCATION 64 EAST (L) SAIN, (L) ON 2ND RD ON LEFT (L) KNOLLCREST, LOT #77 ON RT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 77 LOT AREA 20,000 SQ-FT SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 5-5-03 [X] New System [ ] Repair System Type: I, II, III, IV, V, VI (2)

Pump Tank: ____ Gallons; PT ____ Date ____ System Description: GRAV CONV

Pump Make: ____ Model ____ Serial No. ____ Repair System Description: LP PANEL

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400' Maintenance Agreement Required: [ ] Yes [X] No

No Lines 5x133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] House/Mod. Home No. Bedrooms 3 [ ] Mobile Home No. Bathrooms 2.5 [ ] Business No. Employees ____ [ ] Other ____

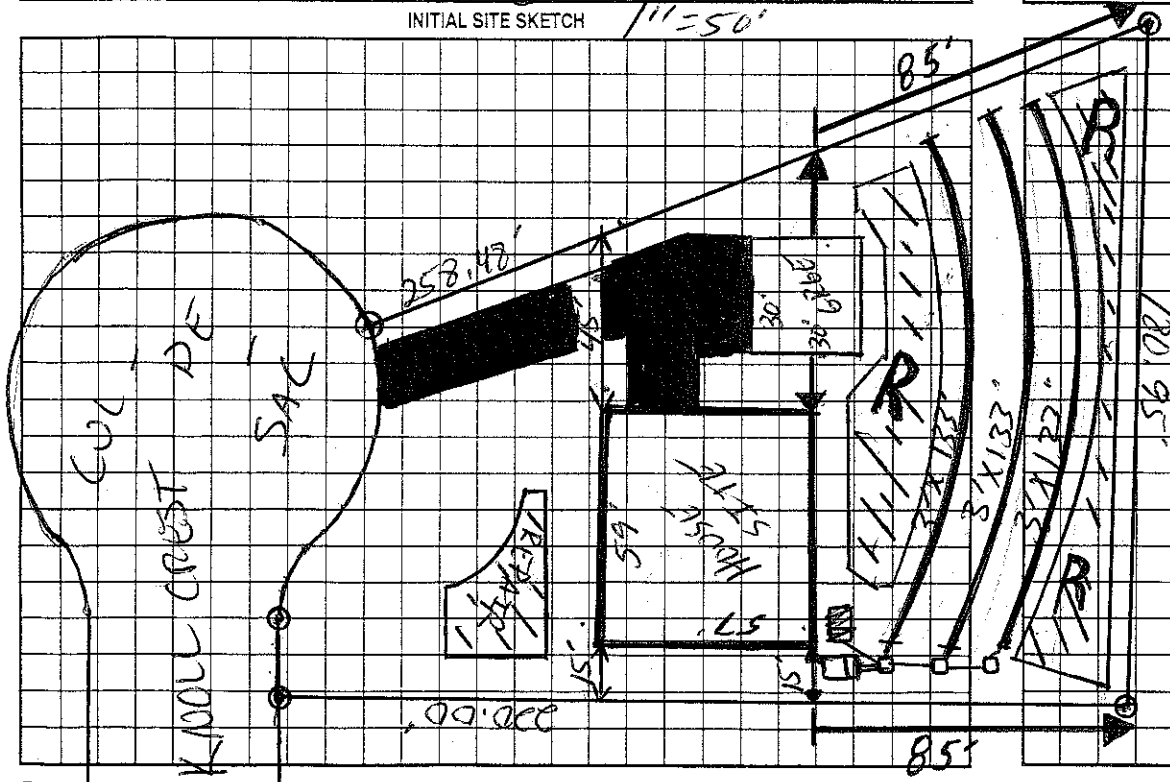
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACK (3) DURING FINAL YARD WORK FILL / DO NOT CUT SO H2O FROM RAIN WILL NOT STAND OVER DRAINFIELD (4) HOUSE & SYSTEM IS

Comments:/Conditions: ENTIRELY FLAGGED OUT.

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

R = REPAIR AREA

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Susan M Johnson date 8/5/03 Installed by: DAVID YOUNTZ

Improvement Permit by: [signature] RS date 7-29-03 Operation Permit by: STEVE HENDRICK date 11-4-03

Authorization to Construct by: [signature] RS date 7-29-03 Existing System Inspection by: ____ date ____

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