* PERMIT REPLACES ONE ISSUED 9-17-04, NOW VOID

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121533 PIN# 4788-84-4379 DATE 5-31-05

OWNER OR CONTRACTOR ROGER JOHNSON PHONE: Business Home (704) 657-2559

ADDRESS 455 VAUGHN MILL RD, STATESVILLE, NC 28625

LOCATION US 21 N TR JANE SOWERS TL OLD MOCKSVILLE TR VAUGHN MILL LOT ON RT (518 VAUGHN MILL RD)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9.393 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 1-10-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 300

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines THREE (3) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: PUMP CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

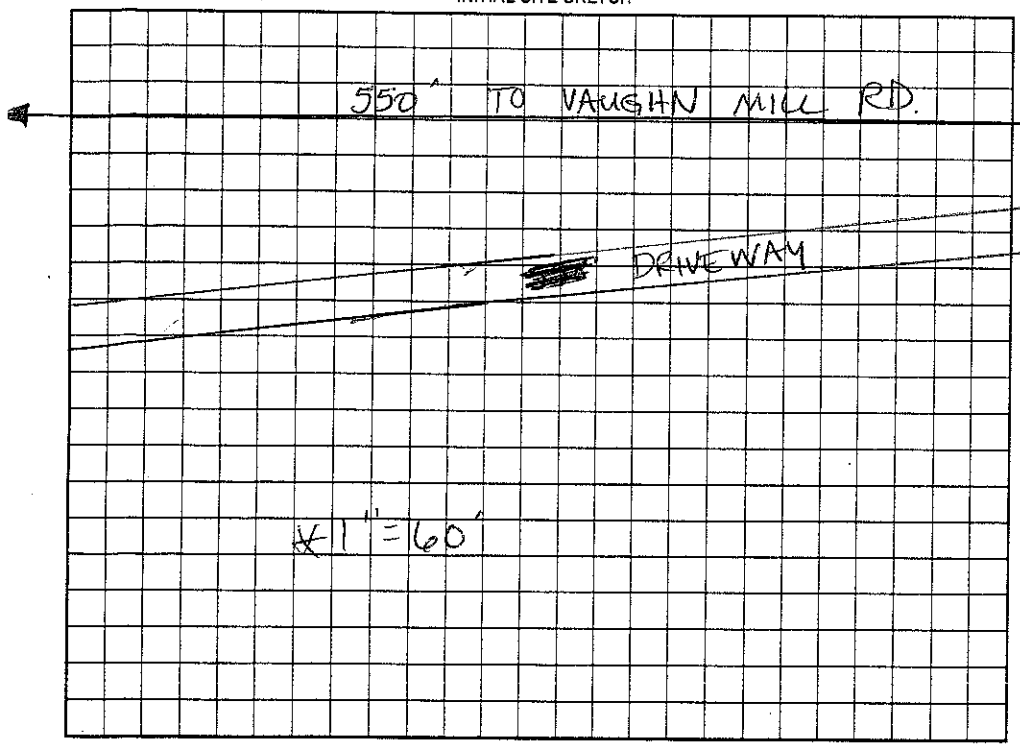
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

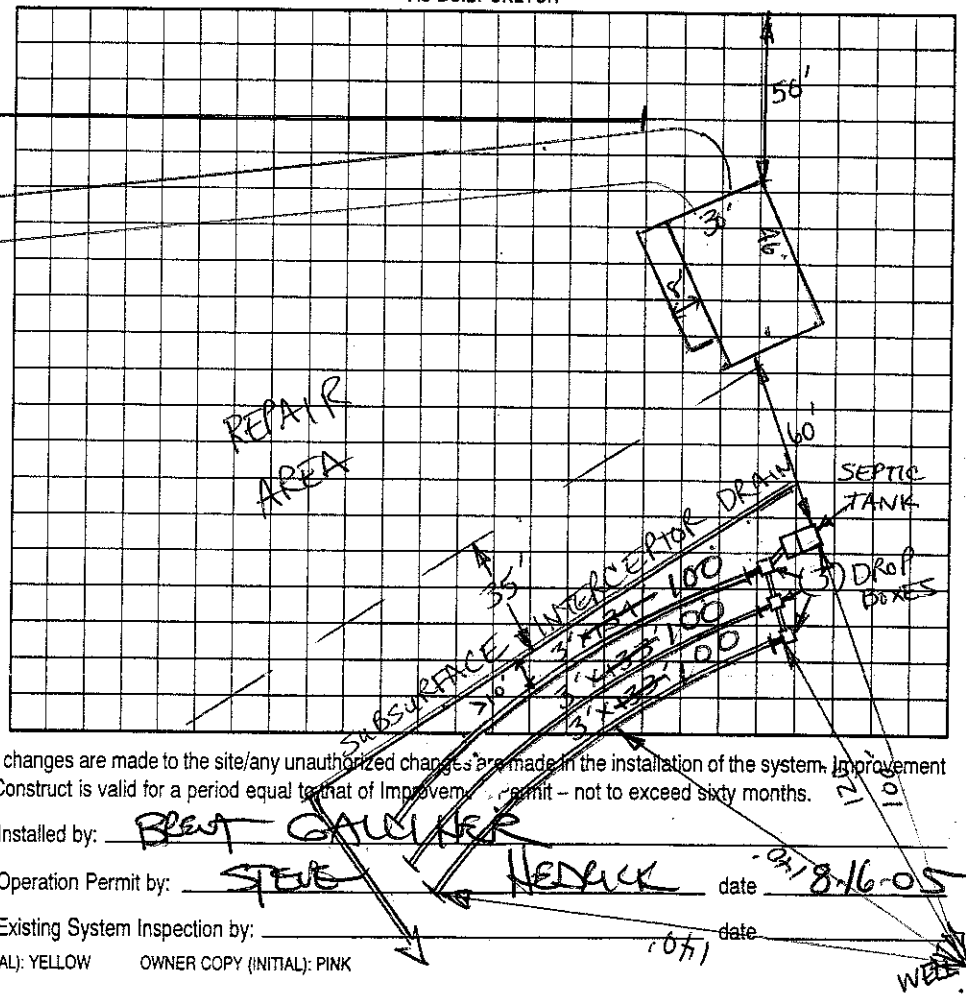
Comments:/Conditions: (1) INSTALL LINES ON CONTOUR
(2) MAINTAIN SETBACKS FROM HOUSE AND WELL
(3) INSTALL SUBSURFACE INTERCEPTOR DRAIN 48" ON CONTOUR TO DAYLIGHT

Comments:/Conditions: QUICK-4 INFILTRATOR CHAMBERS SUBSTITUTED AS "ACCEPTED" SYSTEM. SEPTIC TANK WITH RED POLYLOK FILTER INSTALLED WITH MARKER

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: [signature] date 6-3-05 Installed by: BRENT GALLIMER

Improvement Permit by: Christopher M. Shaw, REHS, CSE date 5-31-05 Operation Permit by: STEVE HENDRICK date 9/8-16-05

Authorization to Construct by: Christopher M. Shaw, REHS, CSE date 5-31-05 Existing System Inspection by: _____ date _____

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