Roddy Gibson

IREDELL COUNTY HEALTH DEPARTMENT

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

52660

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19307 DATE _____ TAX MAP NO. 15P-A-25 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR CALVIN JOHNSON PHONE: Business 592-7021 Home _____

ADDRESS RT-1 BOX 254, UNION GROVE, NC 28689

LOCATION NC 115 N, ON (R) AT ZEB ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9 ACRES SITE CLASS. PS DESIGN FLOW 675 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB iC11 Date 2/14/94

~~Pump Tank:~~ V=1,170+500 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 2250 Linear Feet 750

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ ~~Other~~

No. Bedrooms ____ No. Bathrooms ____ No. Employees 27 MAXIMUM

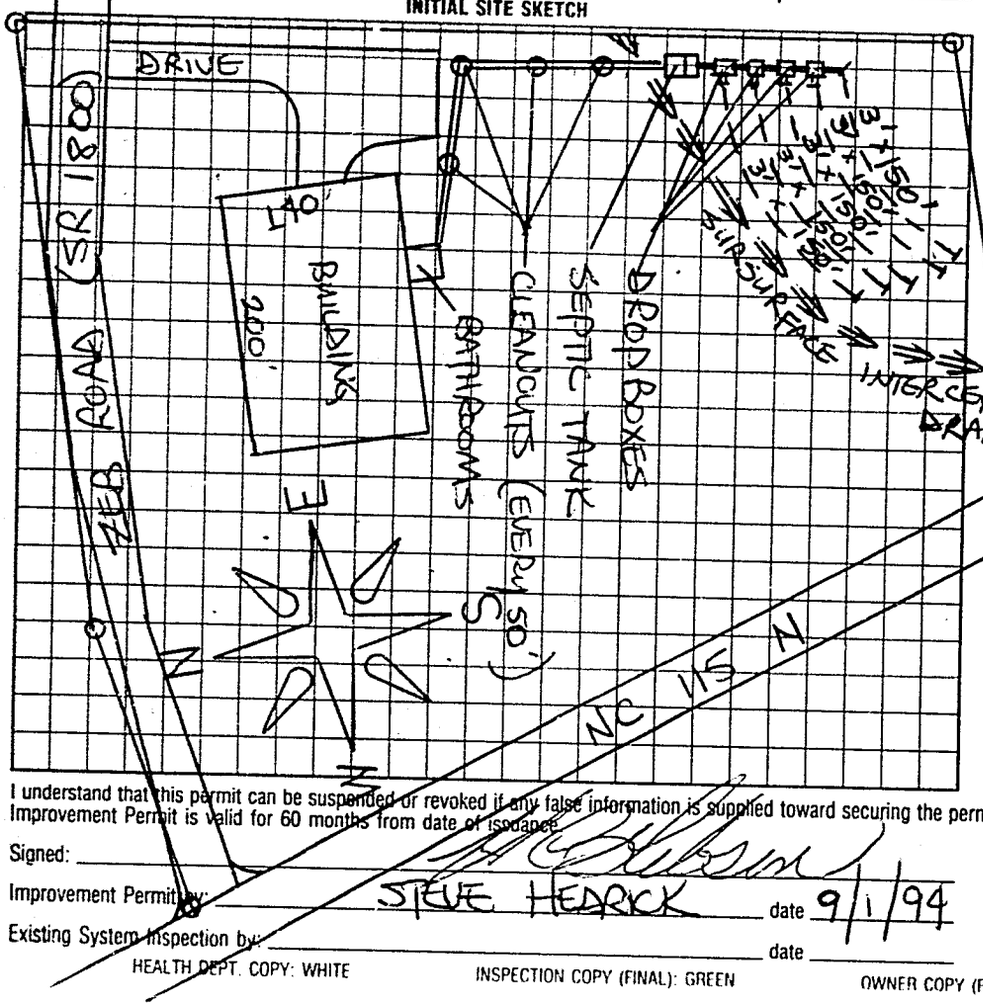
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: (1) INSTALL SUBSURFACE INTERCEPT DRAIN AS SHOWN BEGIN 4' DEEP WITH >1% FALL TO DAYLIGHT (2) USE 4" COLLECTION SEWER SCH 40 PVC W/ CLEANOUTS EVERY 50' (3) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' O.C.

Comments: USE 4" SCH 40 PVC COLLECTION SEWER WITH CLEANOUTS MINIMUM 50' INTERVALS

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 9/1/94

Existing System Inspection by: _____ date _____

Installed by: JAMES HUBLER

Certificate of Completion by: STEVE HEDRICK date 9/22/94

Operation Permit by: _____ date _____

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