1-06

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150199 PIN# 4824243694

OWNER OR APPLICANT Calvin Johnson PHONE: Business _____ Home 704 592 2308 DATE 5-20-08

ADDRESS Zeb Rd

LOCATION Hwy 115N (R) on Zeb, Homesite ½ mile on left

SUBDIVISION N/A BLOCK / SECTION N/A LOT N/A LOT AREA 3.28 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 5-5-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction - Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Persons _____ No. Employees _____

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

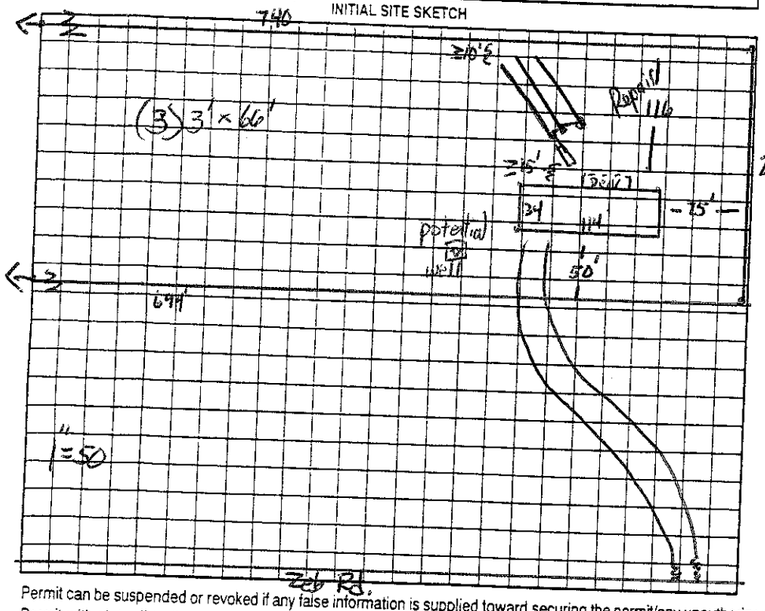
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

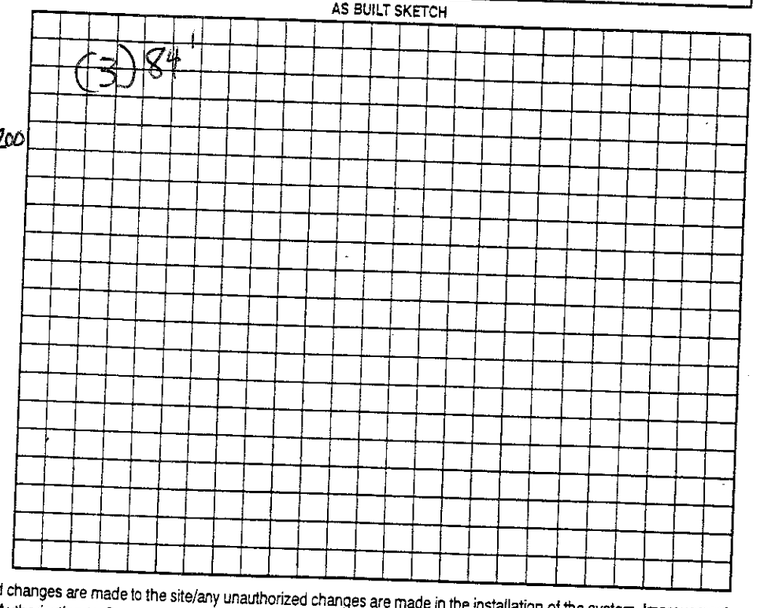
well ≥100 from septic tank or lines
≥25 from home

Comments:/Conditions:

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: Calvin Johnson by Dan Marcott date 5-20-08

Improvement Permit by: _____ date 5-20-08

Authorization to Construct by: _____ date 5-20-08

Installed by: James Liddle

Operation Permit by: _____ date 9-23-08

Existing System Inspection by: _____ date _____

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