IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 7-20-2000

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

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

PERMIT# 090455 PIN# 4840 04 5753 DATE 12-27-00

OWNER OR CONTRACTOR NEAL JOHNSON PHONE: Business _____ Home 876-1322

ADDRESS 381 BESS ROAD, STATESVILLE NC 28625

LOCATION US 21N, TL JENNINGS RD, TL FRIENDSHIP RD, ON RIGHT AT BOX # 776

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 1.29 ACRES SITE CLASS IPS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12-17-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR 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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

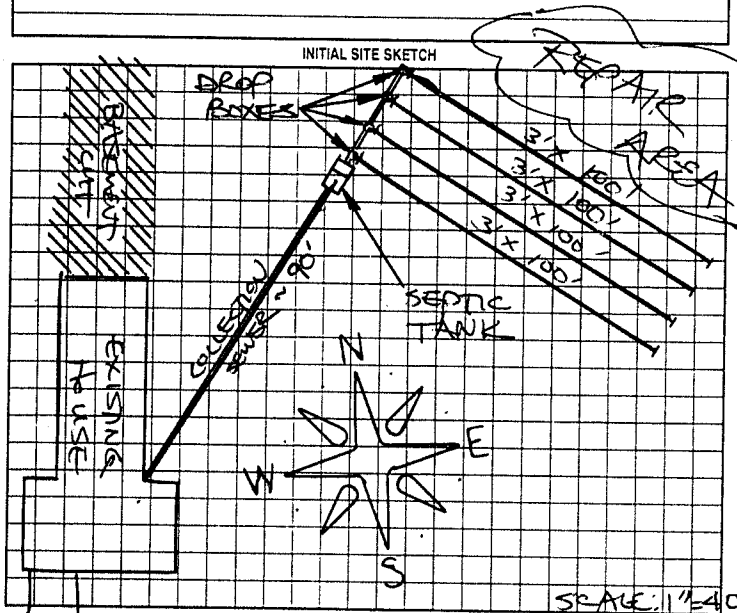
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments /Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

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.

DRIVE

Signed: _____ date 12-27-2000 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 12-27-00 Operation Permit by: STEVE HEDRICK date 5-10-01

Authorization to Construct by: STEVE HEDRICK date 12-27-00 Existing System Inspection by: _____ date _____

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