# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074551 PIN# 4746075266 DATE 8-18-98

OWNER OR CONTRACTOR Tony Johnson PHONE: Business _____ Home _____

ADDRESS 305 Nixon Rd. Statesville

LOCATION 21N TL Shumaker TL Nixon on (R) after Mason Dixon Dr.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.31 ac. SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1000 Ex Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 100

No Lines 1 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Gravity Conventional

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

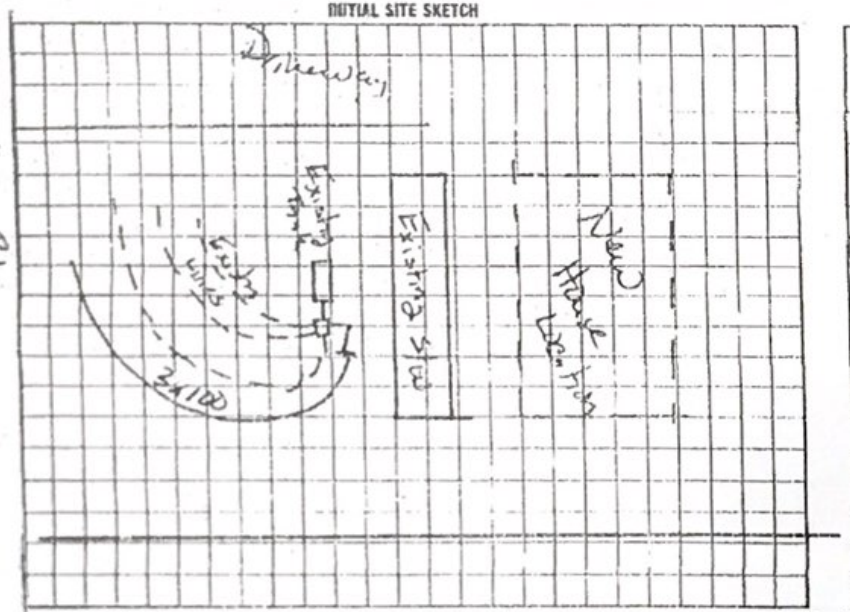
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

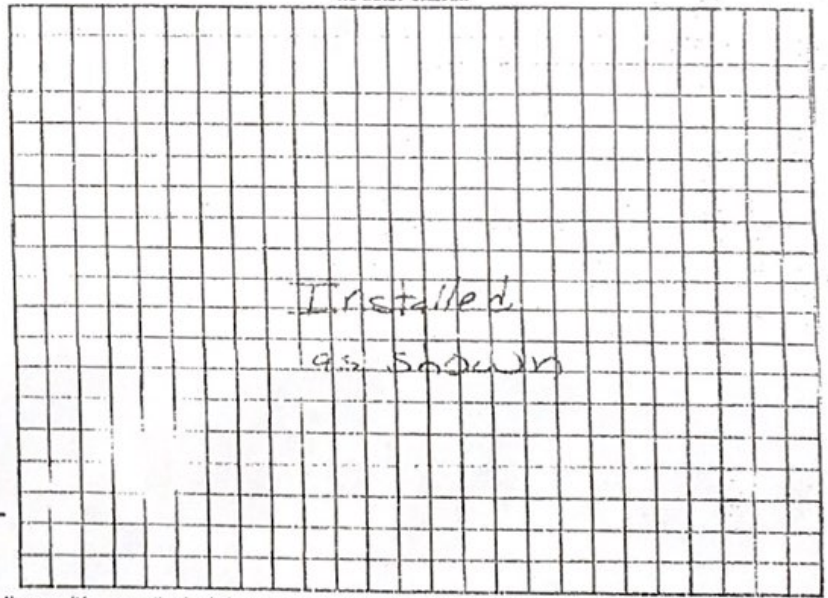
Comments/Conditions: Adding additional Bedroom. Need to smooth out yard.

Comments/Conditions: Note: New Sanitary "T" installed New Dist Box installed

INITIAL SITE SKETCH




AS BUILT 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 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: Stephen W. Bennett date _____

Improvement Permit by: Mark C. Ott RS date 8-18-98

Authorization to Construct by: Mark C. Ott RS date 8-18-98

Installed by: David Vanoy TZ

Operation Permit by: Mark C. Ott RS date 8-25-98

Existing System Inspection by: _____ date _____

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

Nixon Rd

JAN. 13, 19:5 16:00

TO: Property Owner

FROM: Iredell County Health Department
Environmental Health Division

RE: 305 Nixon Road, PIN #4746075266.000

Enclosed is the septic layout for the parcel of property you currently own located at 305 Nixon Rd. It is very important that you keep this layout with all information related to your home and property. It will be needed in the event you ever want to make additions onto your home, the property or decide to sell. If you do sell the property, be sure this layout goes to the new owner.