4872033442

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4782-03-9828 DATE 5-18-09

OWNER OR APPLICANT WALTER RAY JOHNSON PHONE: Business ____ Home 704-539-5531

ADDRESS 430 HOUSTONVILLE ROAD HARMONY, NC 28634

LOCATION US 21 NORTH, TL W. HOUSTONVILLE ROAD, ON RIGHT AT TROY MILL ROAD

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA .75 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: EXISTING Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ TO 400 Linear Feet 100

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☑ Gravity ☐ Pressure

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

System Description: ____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

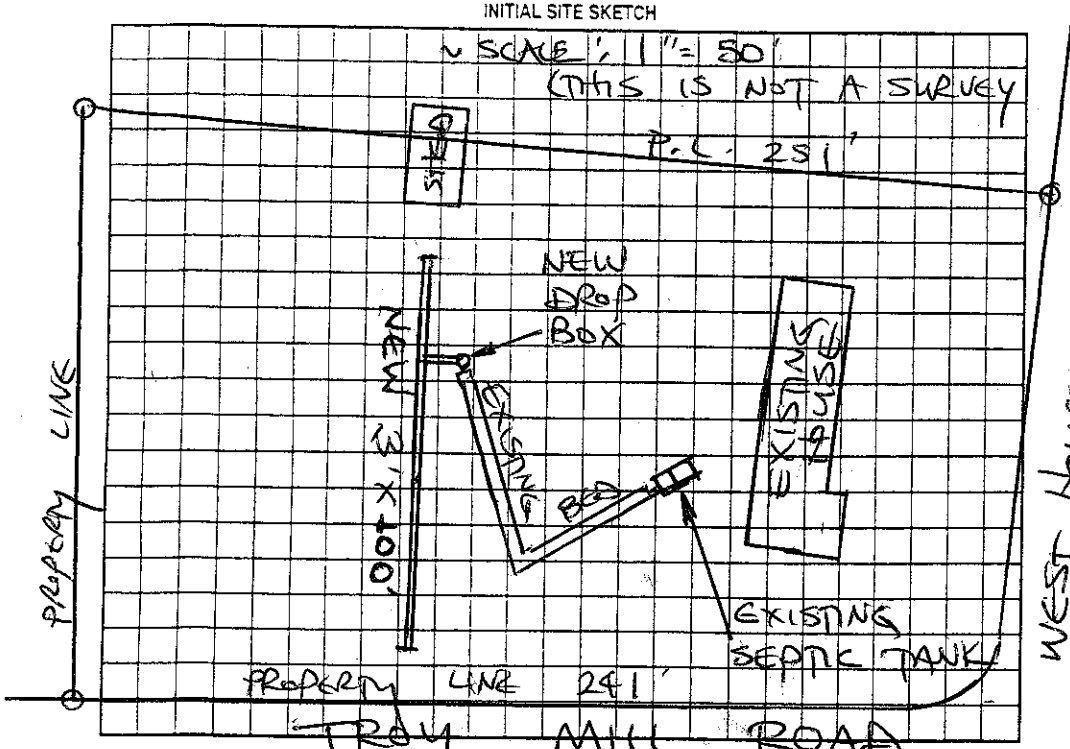
Water Supply: ☐ Individual ☑ Public ☐ Community

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

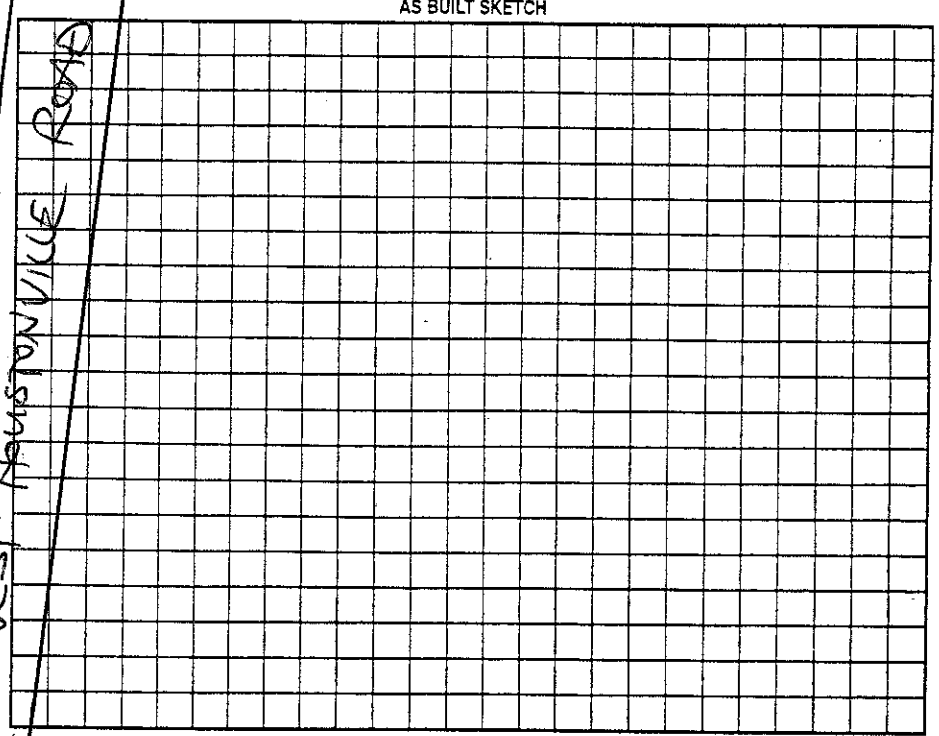
Comments:/Conditions: INSTALL 25% REDUCTION DRAIN LINE ON CONTOUR AS FLAGGED, FED SERIALLY FROM EXISTING DRAINLINE AS SHOWN.

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: X Elaine Johnson date 5-18-09 Installed by: Sammy Revis

Improvement Permit by: STEVE HENDRICK date 5-18-09 Operation Permit by: [signature] date 6-3-09

Authorization to Construct by: STEVE HENDRICK date 5-18-09 Existing System Inspection by: ____ date ____

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