45588

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 15479 DATE 6/8/93 TAX MAP NO. 17N-A-28

OWNER OR CONTRACTOR MIKE JOHNSON PHONE: Business _____ Home _____

ADDRESS _____

LOCATION US 21N, ON (L) ~1.3 MILE PAST HUNTING CREEK RD, OFF ROAD BEHIND CEMETARY

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~6 AC. SITE CLASS. PS L.T.A.R. 0.40 GPD/FT²

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: 1000 Gallons; STB ACP Date 4-10-93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

☐ 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Garbage Disposal: ☐ Yes ☑ No

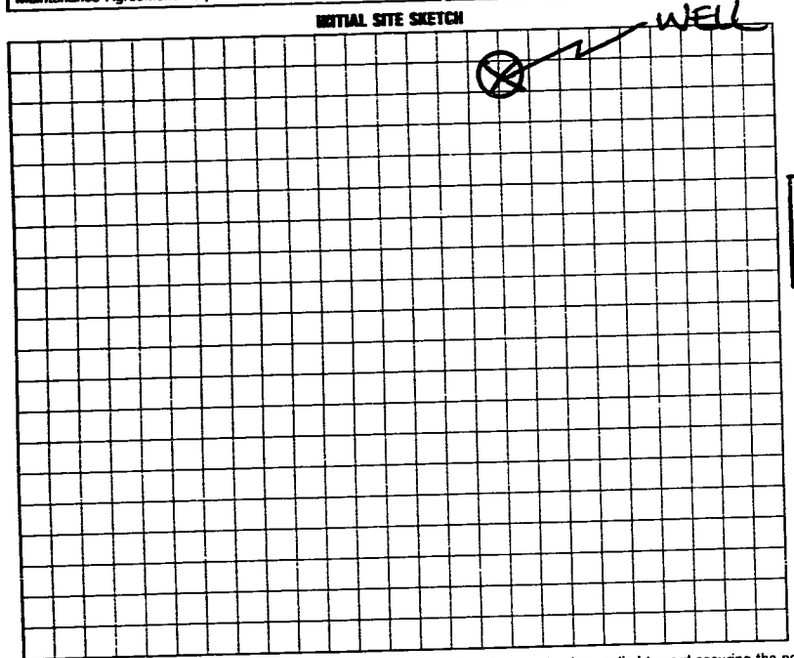
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

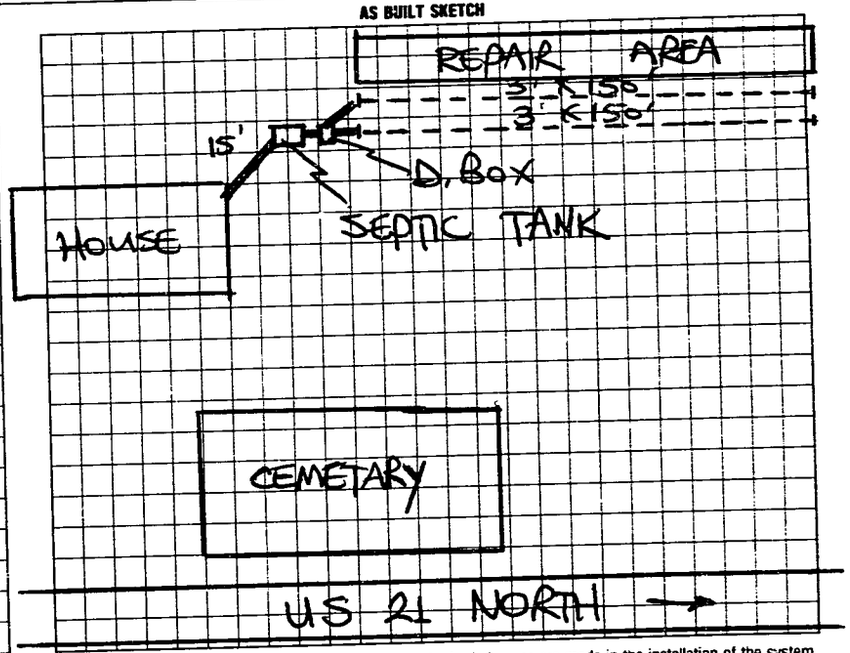
Other _____

Comments _____

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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 11/19/92

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 6/8/93

Operation Permit by: _____ date _____

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