IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 8-20-99

PERMIT# 083459 PIN# 4882537139 PHONE: Business _____ Home 546-3182

OWNER OR CONTRACTOR LG Johnson

ADDRESS 177 Abbeydale Rd Harmony

LOCATION 21 N TR Houstonville TR Abbeydale 1/4 mile on left - driveway at white house

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 36.58 acres SITE CLASS 0/3 DESIGN FLOW 360 L.T.A.R. 0.5 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 80 ft

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: _____

Maintenance Agreement Required: Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

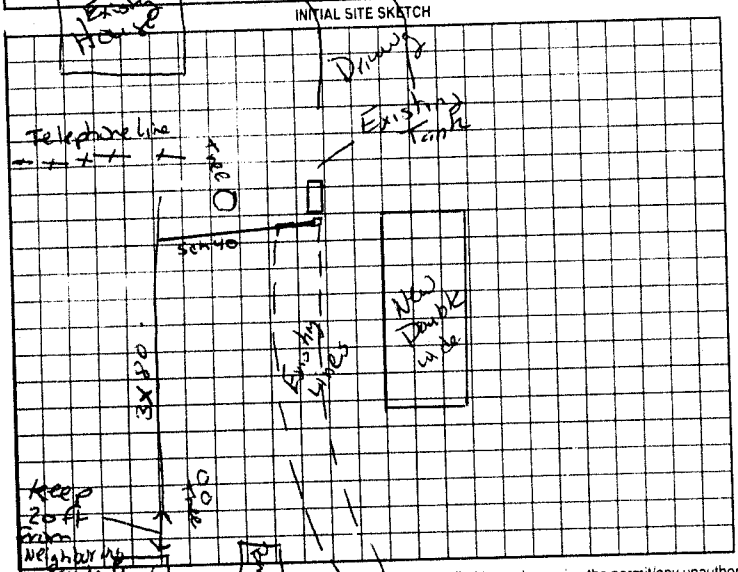
[ ] Slab [X] Crawl Space Basement w/plumbing [ ] Basement wo/plumbing

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

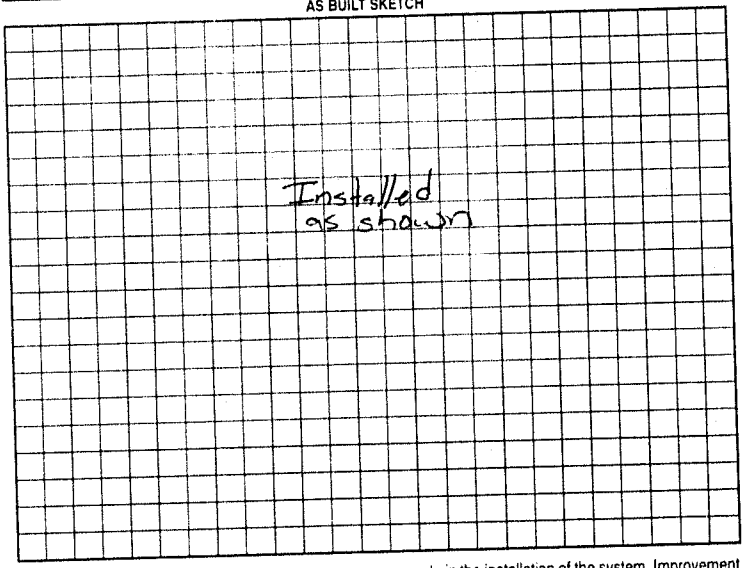
Comments/Conditions: Install 1 line on contour keeping 20ft from neighboring system if able to use existing Dist box if not - set new box at 3rd line

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: Lawrence A Johnson date 8-23-99 Installed by: Brent Galiher

Improvement Permit by: Mary Cox RS date 8-20-99 Operation Permit by: Mary Cox RS date 8.30.99

Authorization to Construct by: Mary Cox RS date 8-20-99 Existing System Inspection by: _____ date _____

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