IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12380 PIN# 3792-53-~~2249.00~~ 9070 DATE 10-7-04

OWNER OR CONTRACTOR JAMES E MORRISON PHONE: Business _____ Home 704-872-6844

ADDRESS 216 AIRPORT ROAD STATESVILLE NC 28677

LOCATION TO WEST ON RAILYARD AT FORK ON LEFT BY LANE

SUBDIVISION / BLOCK / SECTION _____ LOT 1 LOT AREA 1.095 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-5-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1200 Linear Feet 400'
No Lines 3 x 133' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: 6MM CONVENT
Repair System Description: 6MM 25% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

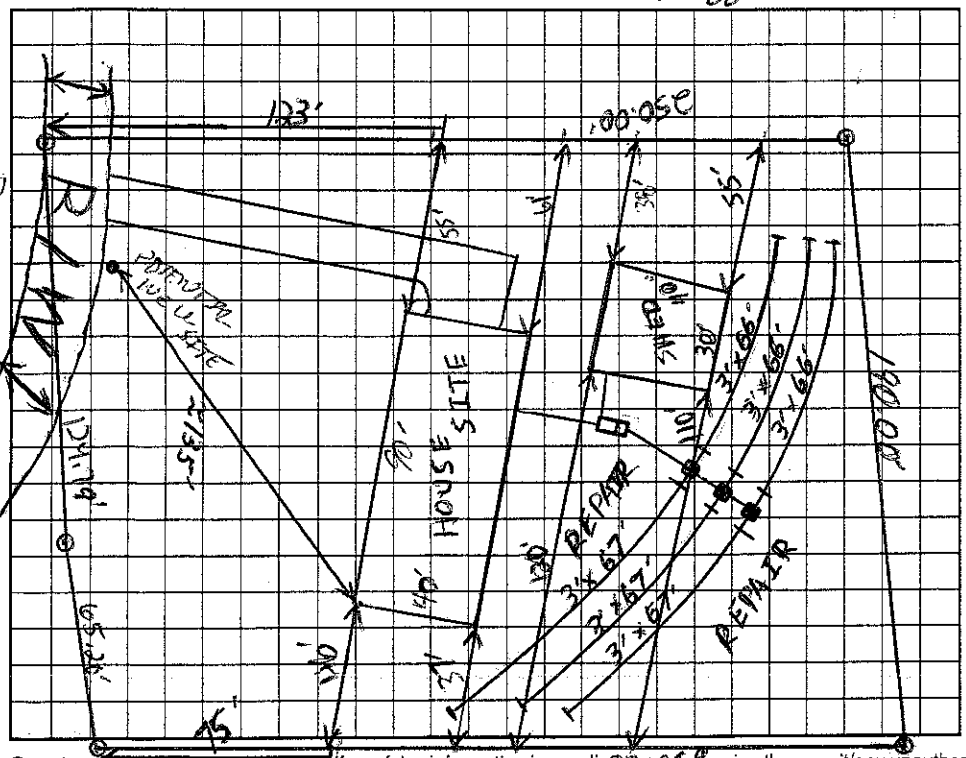
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Suppiy: ☒ Individual ☐ Public ☐ Community

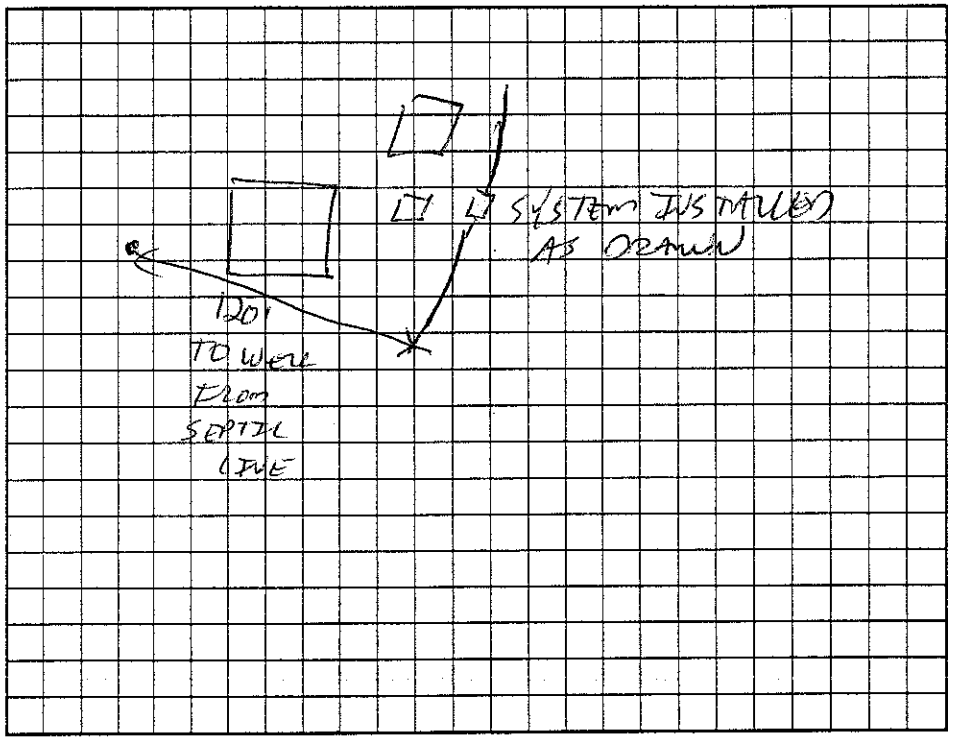
Comments:/Conditions: (1) SHED IS TO HAVE A TOILET ONLY (2) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS (3) NOTE MAXIMUM TRENCH BOTTOM DEPTH. BY INSTALLATION PITS COULD BE DUG TO

Comments:/Conditions: SYSTEM OWNER WANTS SYSTEM DEEPER. (4) KEEP WELL 100' FROM SYSTEM & MAINTAIN SETBACKS TOFFTITE FILTER ON LINE

INITIAL SITE SKETCH 1" = 60'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied towards 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: _____ date 10-7-004 Installed by: STEVE JORDAN

Improvement Permit by: _____ date 10-7-04 Operation Permit by: _____ date 1-18-05

Authorization to Construct by: _____ date 10-7-04 Existing System Inspection by: _____ date _____

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