IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103684 PIN# 3797-83-1178

OWNER OR CONTRACTOR Johnny Morrison DATE 12/20/01

ADDRESS 185 Amos Lake Drive Statesville N.C. 28625 PHONE: Business — Home (704) 902-4552

LOCATION

SUBDIVISION Haly Brook BLOCK / SECTION — LOT 13 LOT AREA .57 Ac SITE CLASS 75 DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1,000 Gallons; STB 1007 Date 12-4-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

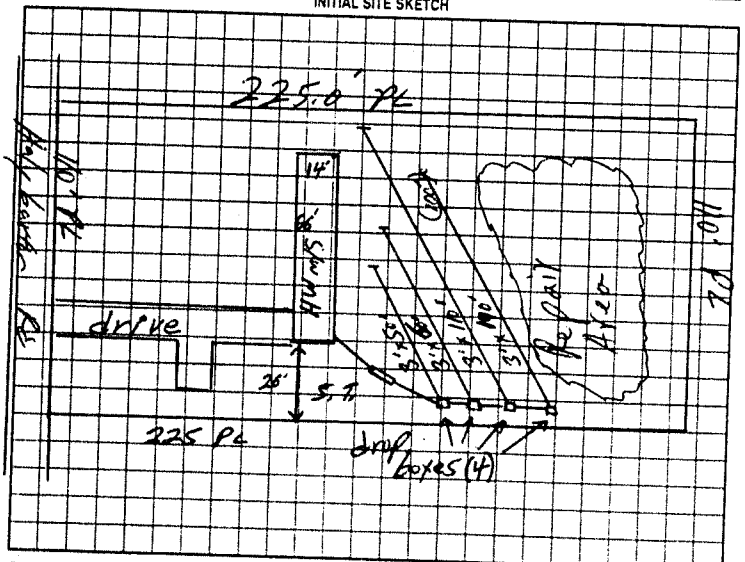
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

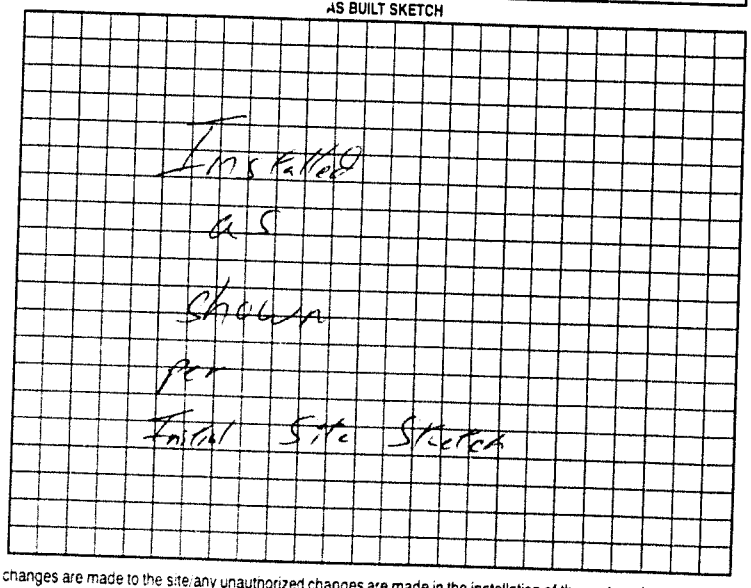
Comments/Conditions: (1) Do Not Install when Wet (2) Install Lines on Contour (3) Maintain Proper Setbacks

Comments /Conditions: - Septic Tank Marker - Poly Lok Sitter Installed

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 Johnny Morrison date 12/20/01 Installed by: James Hadler

Improvement Permit by: William O. Johnson date 12/24/01 Operation Permit by: William O. Johnson date 1/31/02

Authorization to Construct by: William O. Johnson date 12/24/01 Existing System Inspection by: ____ date ____

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