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# — DATE 5/23/02

OWNER OR CONTRACTOR Melynn B. Roberts PHONE: Business — Home (704) 528-9094

ADDRESS 887 Morrison Farm Rd Troutman, N.C. 28166

LOCATION 145 Troutman to State Park Rd to Morrison Farm Rd, Right fork and Right circle Live Rock Place.

SUBDIVISION Morrison Pt. BLOCK / SECTION — LOT 37 LOT AREA — SITE CLASS. — DESIGN FLOW 75 L.T.A.R. Ex.

Septic Tank: Ex Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth — Gravel Depth —

☐ New System ☒ Repair System Type: I, II, (III), IV, V, VI

System Description: 50% Rd

Repair System Description: Gravity, ~~Conventional~~ ABA

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3½ No. Employees —

Water Supply: ☒ Individual ☐ Public ☐ Community

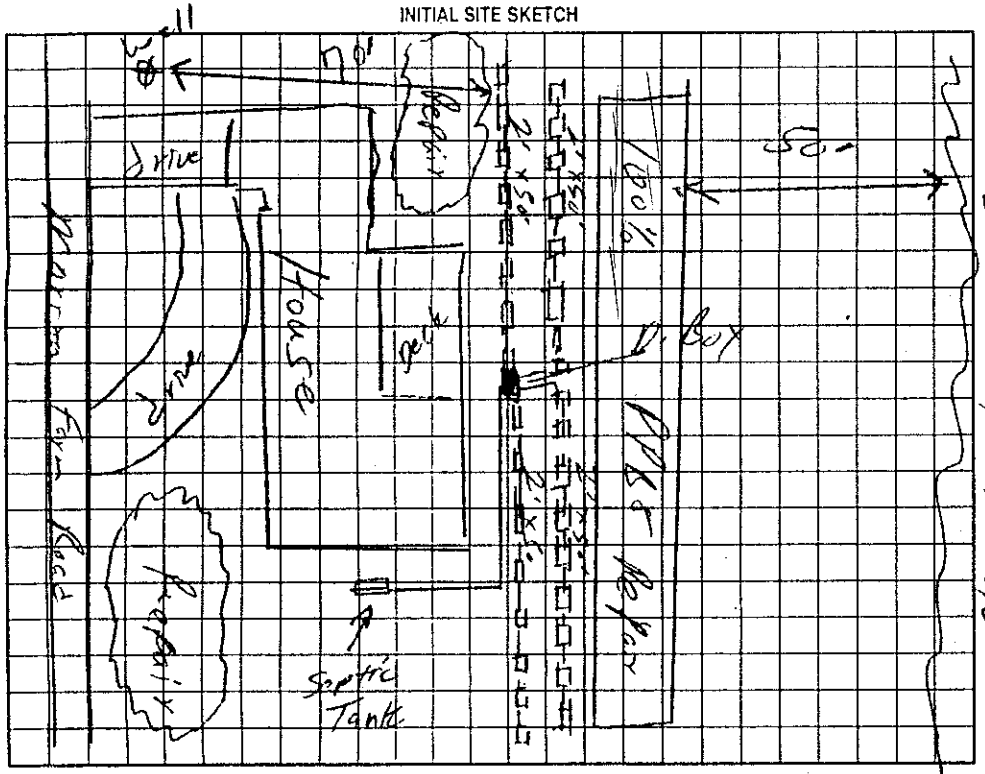
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) Replace distribution box

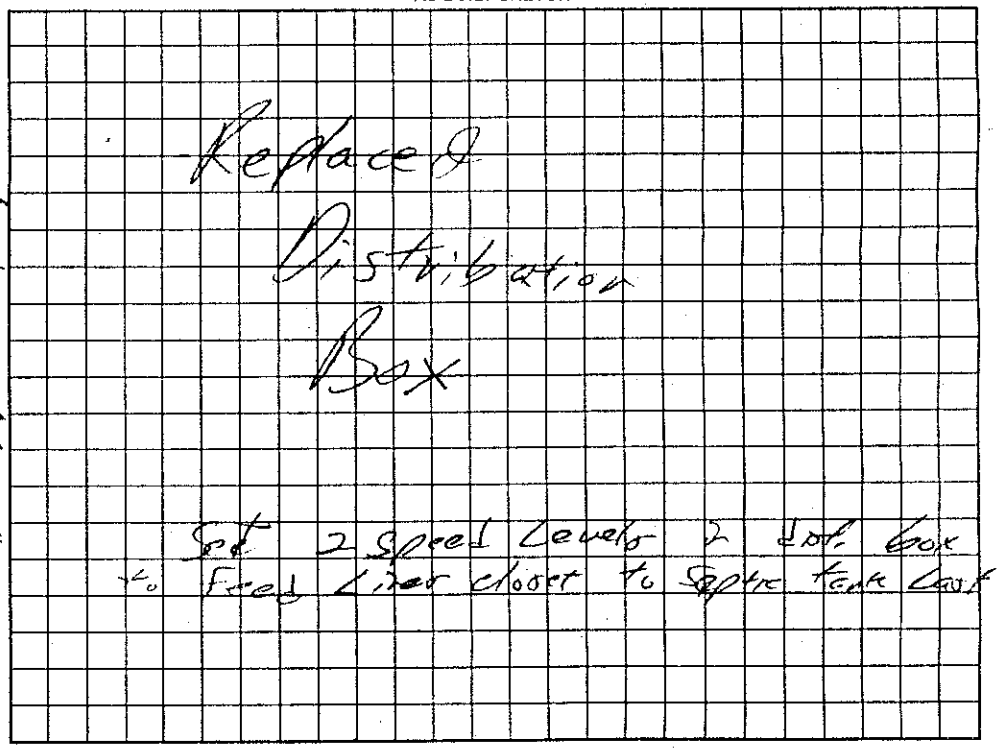
See permit dated 8/93 - Susan McLynn Benfield

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: C.R. [illegible] date 5/24/02 Installed by: Wes Lytton

Improvement Permit by: William O. Johnson date 5/23/02 Operation Permit by: William O. Johnson date 5/24/02

Authorization to Construct by: William O. Johnson date 5/23/02 Existing System Inspection by: — date —

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