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. 23862 73067 DATE 8-20-96 TAX MAP NO. 3C-8-48 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ROGER & MARY SIMMONS PHONE: Business _____ Home 910-998-0962

ADDRESS 150 RIVERHILL DRIVE, ADVANCE, NC 27006

LOCATION PERTH RD, TR STATE PARK RD, TL MORRISON FARM RD, TL ALEXANDER CIRCLE, 4TH LOT ON LEFT PAST CUL-DE-SAC

SUBDIVISION MORRISON POINT BLOCK / SECTION _____ LOT 48 LOT AREA 0.6026 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 50 TO 1990 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 30" STUB Depth 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PPBPS, PUMP-FED

Repair System Description: PPBPS, PUMP-FED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

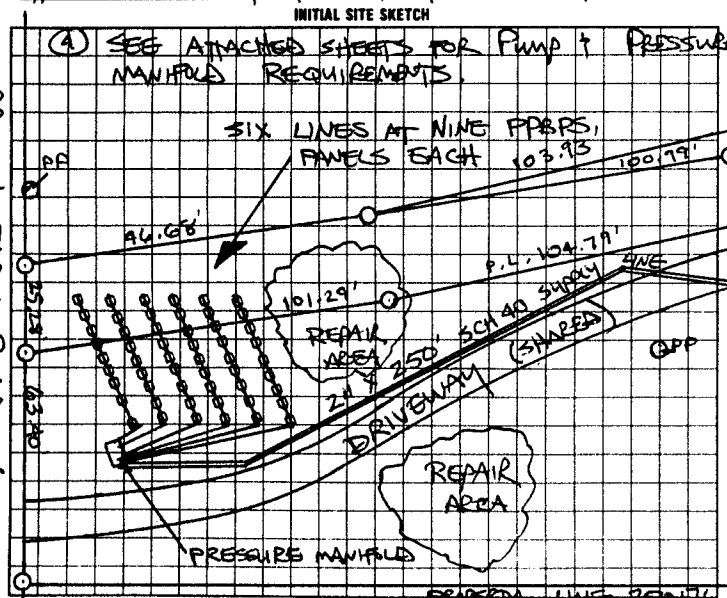
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

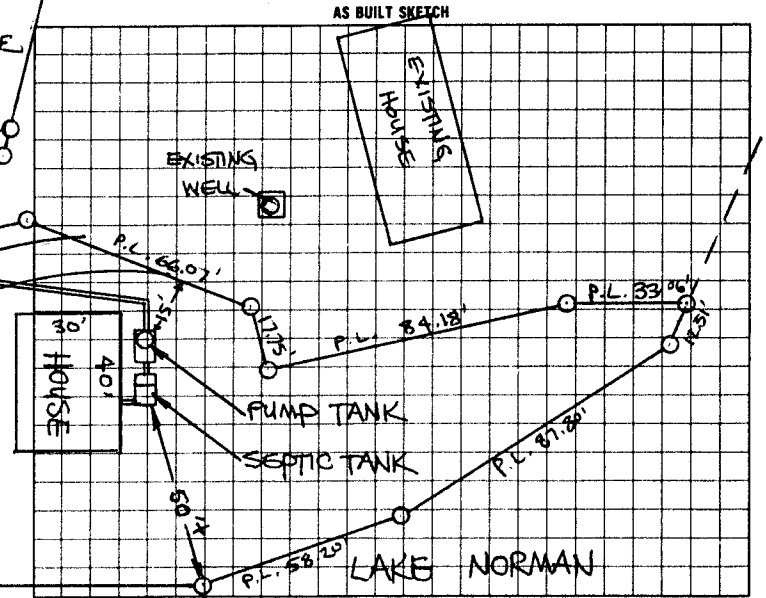
Comments: ① INSTALL 54 PPBPS PANELS IN SIX EQUAL LENGTH LINES AS SHOWN ON CONTOUR ② KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM WELL, NOT LESS THAN 50' ③ SEE ATTACHED EASEMENT FOR DRAINFIELD LOCATION ④ SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

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. AUTH. TO CONST. ISSUED FOR FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT WITH SITE PLAT HAS NO EXPIRATION DATE.

Signed _____ Installed by Jim Ammons

Improvement Permit by: STEVE HEDRICK date 8-20-96 ~~Certificate of Completion by:~~ _____ date _____

AUTH. TO CONST. ~~Existing System Inspection by:~~ STEVE HEDRICK date 8-20-96 Operation Permit by 1 Yr COJR date 3-15-99

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

FORMERLY ALEXANDER CIRCLE MORRISON FARM ROAD (SR 1321)