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# 4629-80-9396 DATE 11/13/01

OWNER OR CONTRACTOR Sam + Judy Sadler PHONE: Business (704) 488-6862 Home (704) 528-6862

ADDRESS 809 Morrison Farm Rd. Troutman N.C. 28166

LOCATION North Rd @ State Park Rd @ Morrison Farm Rd, house on left → 809 morrison

SUBDIVISION Morrison Point BLOCK / SECTION ____ LOT 10 LOT AREA ____ SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: ____ Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 175

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: [redacted]

Repair System Description: County 25% reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☑ Business No. Employees ____

☐ Other ____

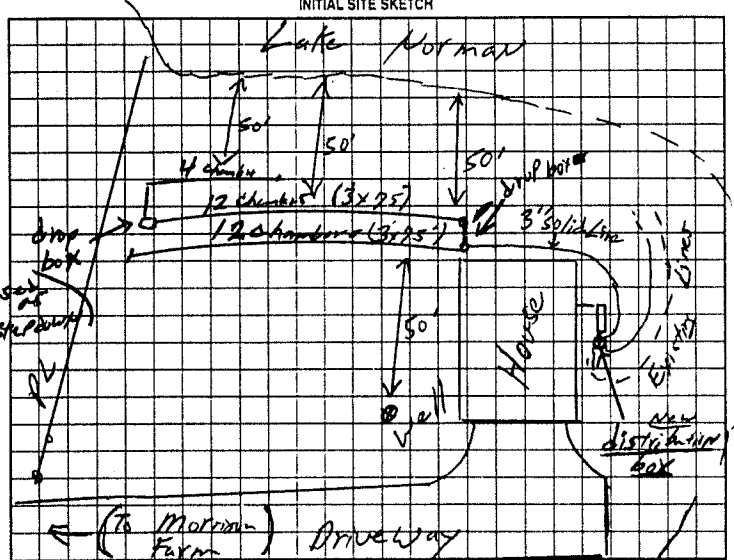
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~Individual~~ ☐ Public ☐ Community

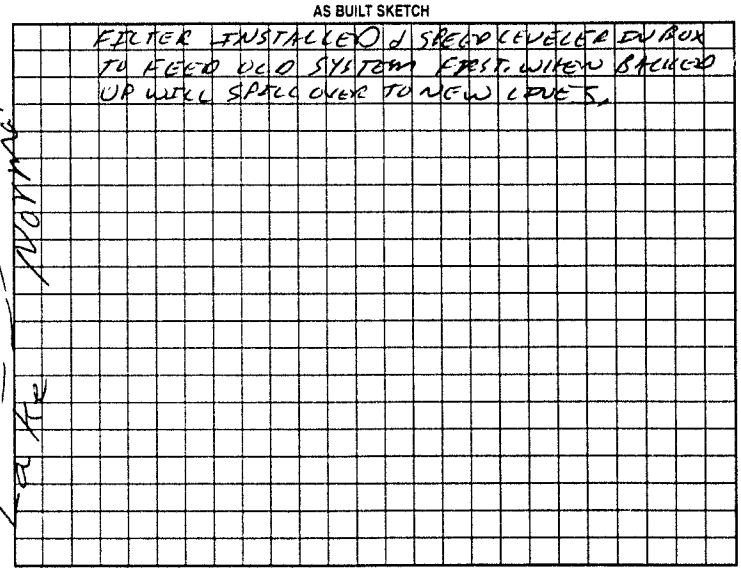
Comments:/Conditions: (1) Install 28 chambers on contour (2) Install new distribution box to use new field System

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: [redacted] Judy Sadler date 11-13-01 Installed by: WAYNE CLONTZ

Improvement Permit by: William O Johnson date 11/13/01 Operation Permit by: Jan Cook RS date 11-16-01

Authorization to Construct by: William O Johnson date 11/13/01 Existing System Inspection by: ____ date ____

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