IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid 11:00 MOORESVILLE 704-664-5281

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

PERMIT# 093097 PIN# 4636129450 DATE 12-4-01

OWNER OR CONTRACTOR Wayne & Helen Morelli PHONE: Business 400-9925 Home 799-0840

ADDRESS P.O. Box 4091 Mooresville, NC 28117

LOCATION Brawley School Rd TL Isle of Pines TR Teague on left near end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. 45 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/17/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description Gravity-25% Reduction
Repair System Description Pump/Grav. Innovative
Maintenance Agreement Required: ☐ Yes ☐ No

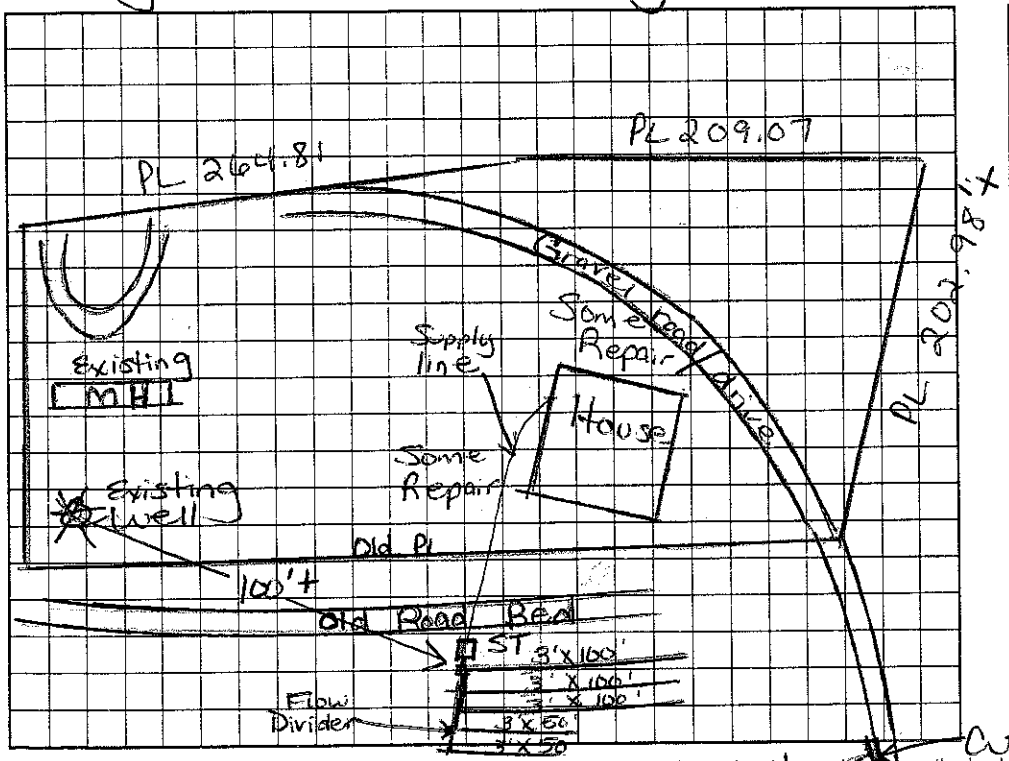
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 100' From existing well. Clean outs must be provided on supply line every 50' per Plumbing Code

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: Wayne Morelli date 12/10/01 Installed by: R+H

Improvement Permit by: Maina M. Dotson RS date 12/4/2001 Operation Permit by: C. Henry RS date 2/4/02

Authorization to Construct by: Maina M. Dotson RS date 12/4/2001 Existing System Inspection by: _____ date _____

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