IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 200483

APPLICANT: Lewis Taylor

PIN # 4639095882

SITE ADDRESS: 200483 Morrison Farm Rd.

APPLICANT ADDRESS: 3439 Beatty Rd.

SITE DIRECTIONS: Hwy 21S TR Perth Rd TR State Park Rd TL Morrison Farm Rd.

PHONE: 909-909-9893 ALT. PHONE: N/A

SUBDIVISION: Twin Coves on Morrison

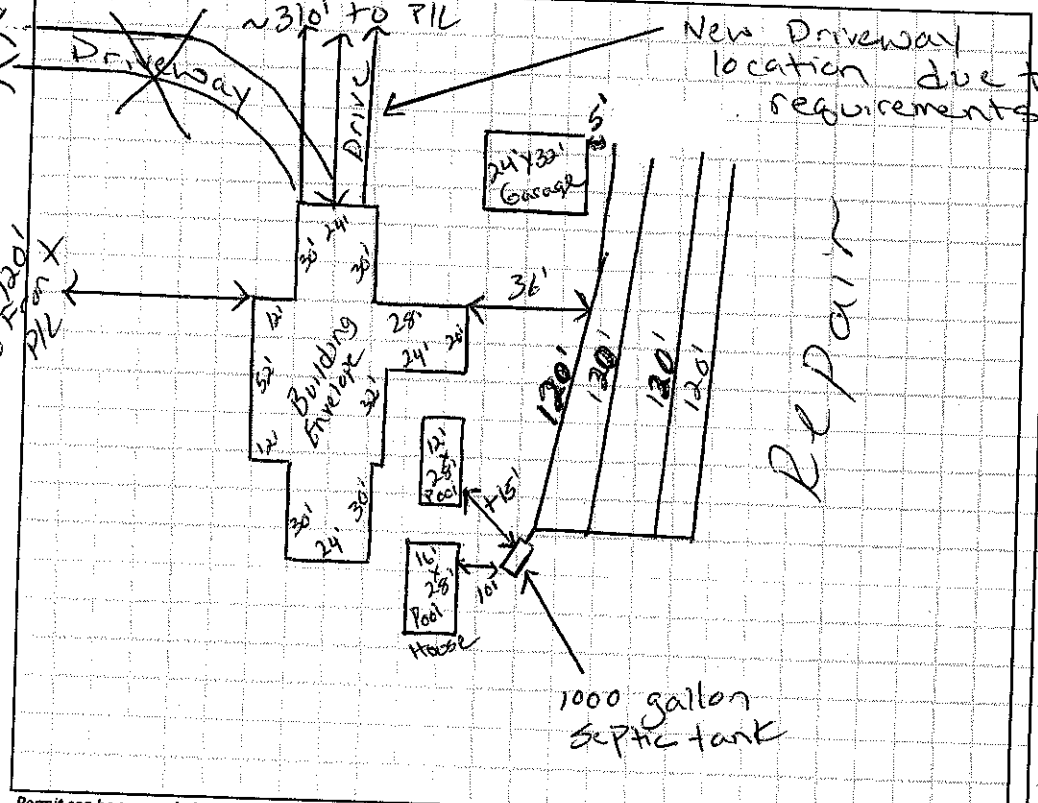
SECTION: N/A LOT # 18 LOT AREA: 6 1/ acres DESIGN FLOW: 480gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	825-1000	Date	10-9-14	☑ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY! Submit Floor Plan prior to issuance of CA. Install a 25% Reduction system on contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Blue Tuftite filter installed
- Quick 4 chambers installed
- Installed as drawn

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☑ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☐ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 01-13-14

IMPROVEMENT PERMIT by: [signature] Date: 12-31-13 Installed by: Bowman Septic

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-30-13 OPERATION PERMIT by: [signature] Date: 11-20-14

Date: 1-13-14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK