IREDELL COUNTY HEALTH DEPARTMENT

4655471013

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 8617 DATE 4/24/94 TAX MAP NO. ID - 7 - A - 4 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Paul N. Morgan. PHONE: Business _____ Home 875-6499

ADDRESS 203 Hunters Rd. Huntersville, NC. 28078

LOCATION Jenny Marie Ct. off Faith Rd. (L) & Creek to 2nd lot on (L), just before Hardwick Rd.

SUBDIVISION Sweet Lake BLOCK / SECTION 1 LOT 4 LOT AREA ~1.65 AC. SITE CLASS P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/8/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~1200 Linear Feet ~210

No Lines 3 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

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

System Description: Grave - Pamel

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

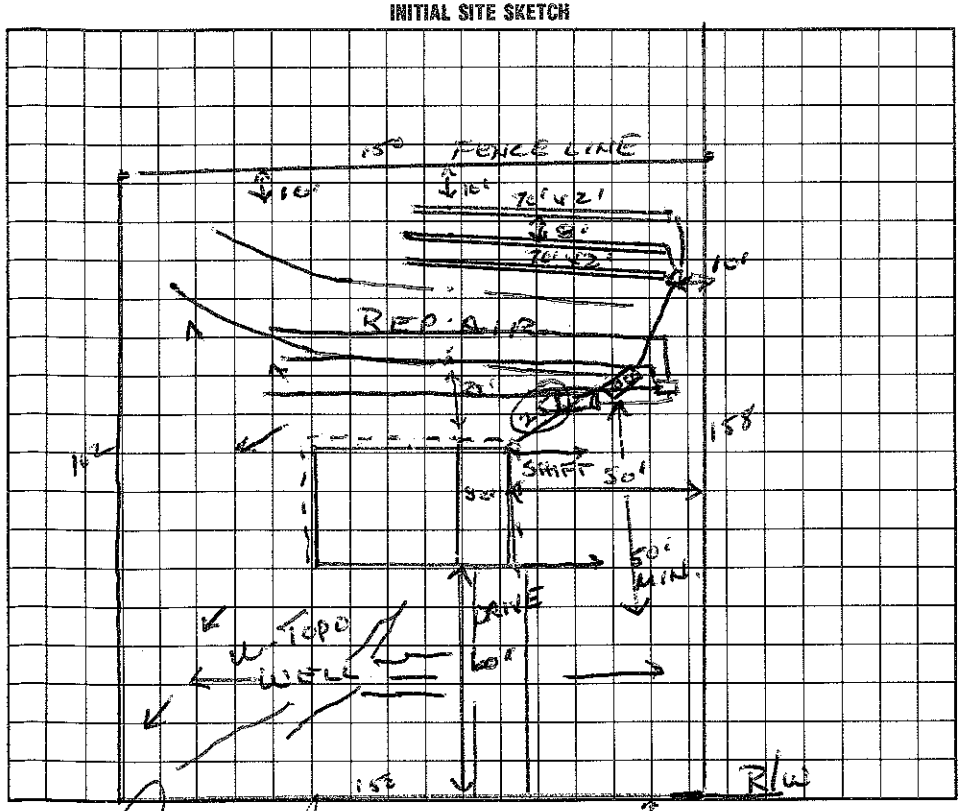
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments: ~~PPBS~~ 16:1 - House location will determine whether pump and pump tank are required. Front lot is W - due to gullies & intricate contours on lot.

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Paul N. Morgan

Improvement Permit by: Wesley Sparks RS. date _____

Existing System Inspection by: _____ date _____

Installed by: Julian Bowley

Certificate of Completion by: Wesley Sparks RS. date 6/29/95

Operation Permit by: _____ date _____

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