IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106847 PIN# 4701-88-8564 DATE 6/20/02

OWNER OR CONTRACTOR Morgan + Parker PHONE: Business 336-998-7145 Home —

ADDRESS P.O. Box 968 Bethania NC 27010

LOCATION Buffalo Shoals Rd (B) Eureka Rd (L) Carriage Pl (R) Lake Top 6th on left

SUBDIVISION Top of the Lake BLOCK / SECTION — LOT 6 LOT AREA .69 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: ____ Gallons: STB 794 Date 5-12-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 4902 Linear Feet 260
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity, Panels
Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

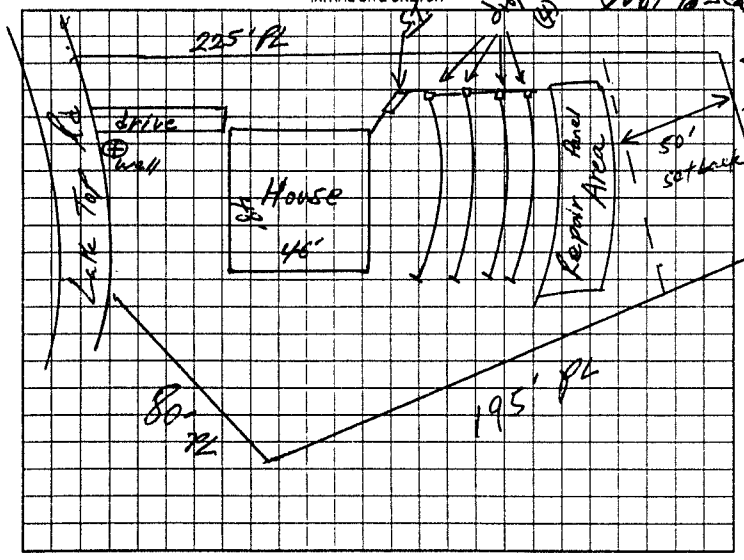
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

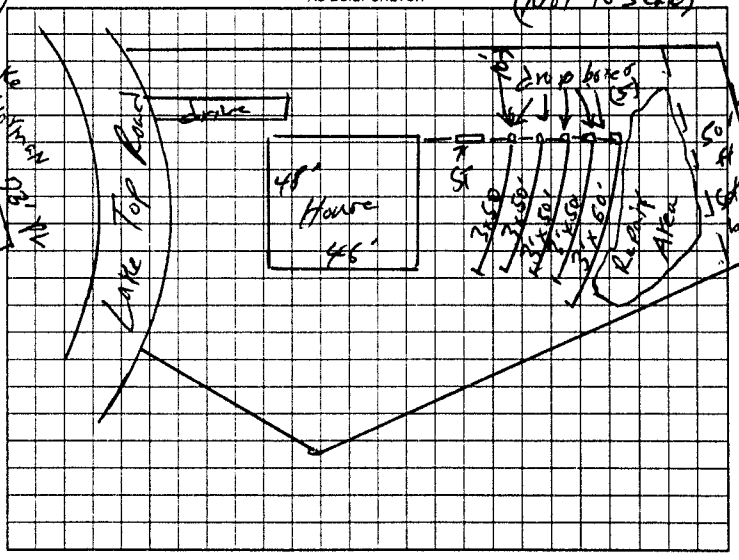
Comments/Conditions: ① Install Lines on Contour ② maintain proper Setbacks

Comments/Conditions
- Zabel Filter Installed
- ST Risers Installed
- 260 Ft Relay Installed

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH (Not to Scale)



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: ~~Jeri Morgan~~ date 8.6.02 Installed by F. J. Erwin

Improvement Permit by: William O Johnson date 6/20/02 Operation Permit by: William O Johnson date 8/27/02

Authorization to Construct by: William O Johnson date 6/20/02 Existing System Inspection by: ____ date ____

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