Paid 125.00 6-28-00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089814 PIN# 4702 85 5081 A4. DATE 6/22/00

OWNER OR CONTRACTOR Derrick Morrison PHONE: Business 871-2678 Home

ADDRESS 209 Wootan St. Statesville, NC. 28677

LOCATION Buffalo Shoals Tr Zupolo TL begin corner lot on (R)

SUBDIVISION SHENANDOAH BLOCK / SECTION LOT 19 LOT AREA ~1.70 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 4 23 00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36"

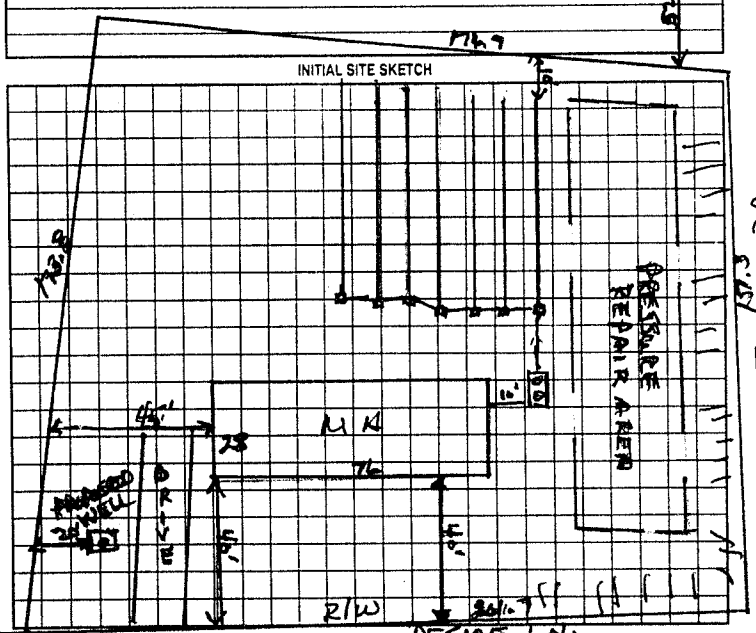
[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: E-Z Flow 9 CH. Plastic
Repair System Description: PRESSURE - Type 3
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth: 3/4 in. [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees
[ ] Other

Water Supply: [X] Individual [ ] Public [ ] Community

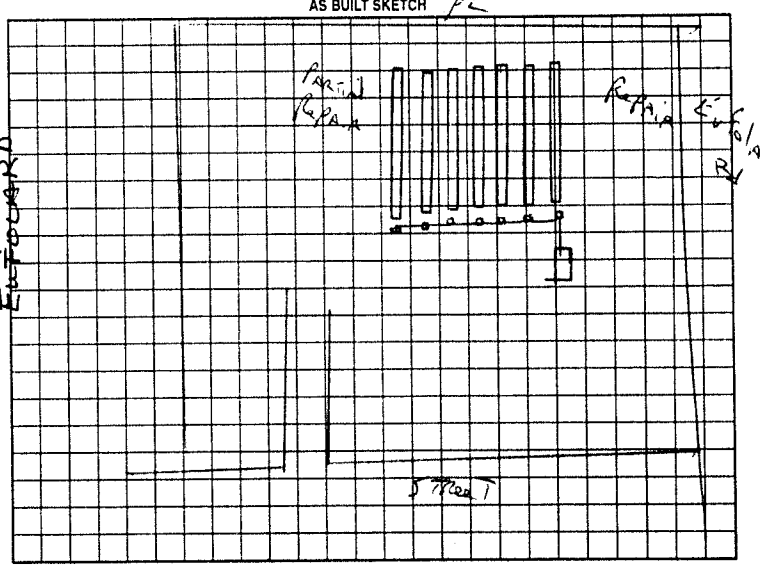
Comments/Conditions: (1" = 40')

INITIAL SITE SKETCH



Comments/Conditions: 9 chambers Top 5 Lines } Total 64 chambers
10 chambers Fourth Line }

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: James Stykes date 6-28-00 Installed by: A1 Backhoe

Improvement Permit by: Wesley Sparks RS. date 6/22/00 Operation Permit by: J C Potter date July 7 2000

Authorization to Construct by: Wesley Sparks RS. date 6/22/00 Existing System Inspection by: date

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