IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093607 PIN# 4704 56 4276 DATE 5-25-01

OWNER OR CONTRACTOR CECIL MORROW PHONE: Business Home (704) 408-1679

ADDRESS 151 CREEKSIDE DRIVE, STATESVILLE, NC 28625

LOCATION I-40 W, TR OLD MOUNTAIN ROAD, ON RIGHT AT ISLAND FORD ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.17 ACRES SITE CLASS PS DESIGN FLOW 720 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons, STB _____ Date _____

Pump Tank: _____ Gallons, PT _____ Date _____

Pump Make _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____

☐ New System ☐ Repair System Type I, II, (III), IV, V, VI

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 6

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☑ Other APARTMENTS

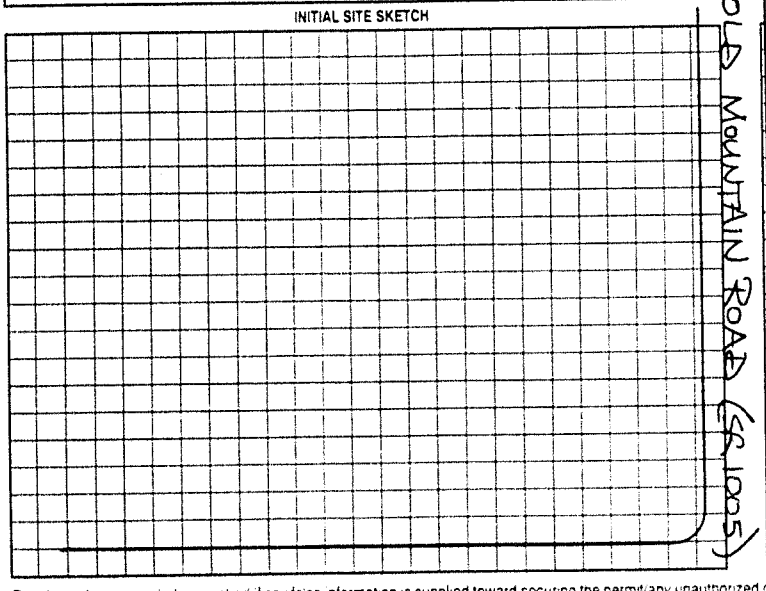
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

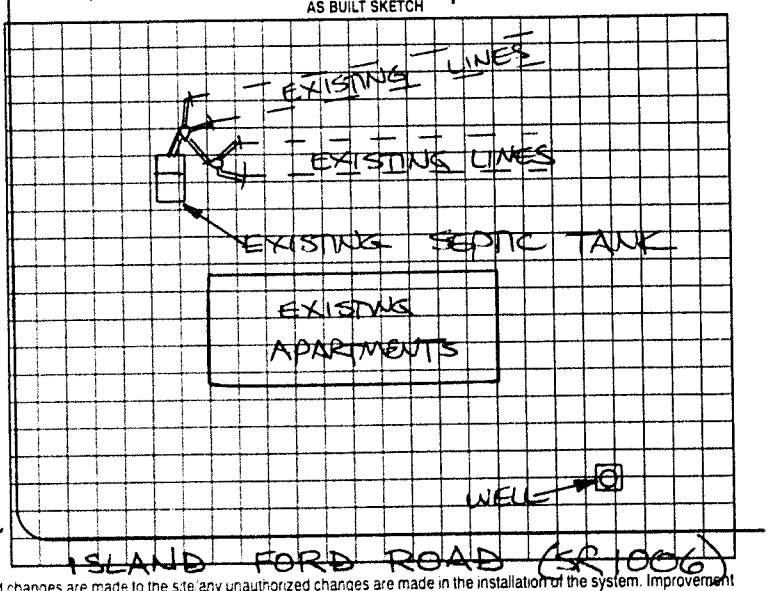
Comments/Conditions:

Comments/Conditions SYSTEM SIZED TO ACCOMODATE SIX BEDROOMS ONLY. SYSTEM UNDERSIZED ACCORDING TO [redacted] TODAYS STANDARDS

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 5-25-01

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