(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141718 PIN# 4906-94-5769 56077 DATE 30 Apr. 07

OWNER OR APPLICANT Roger Steve Morrison PHONE: Business _____ Home 704-878-0217

ADDRESS 177 Amos Lake DR. Statesville N.C. 28625

LOCATION Scotts Creek Rd Turn on Dalla Dr. Lot on left.

SUBDIVISION Larkin Sloan Estates / SECTION _____ LOT 1 LOT AREA 1 Ac. SITE CLASS. P3 DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²/day

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300

No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

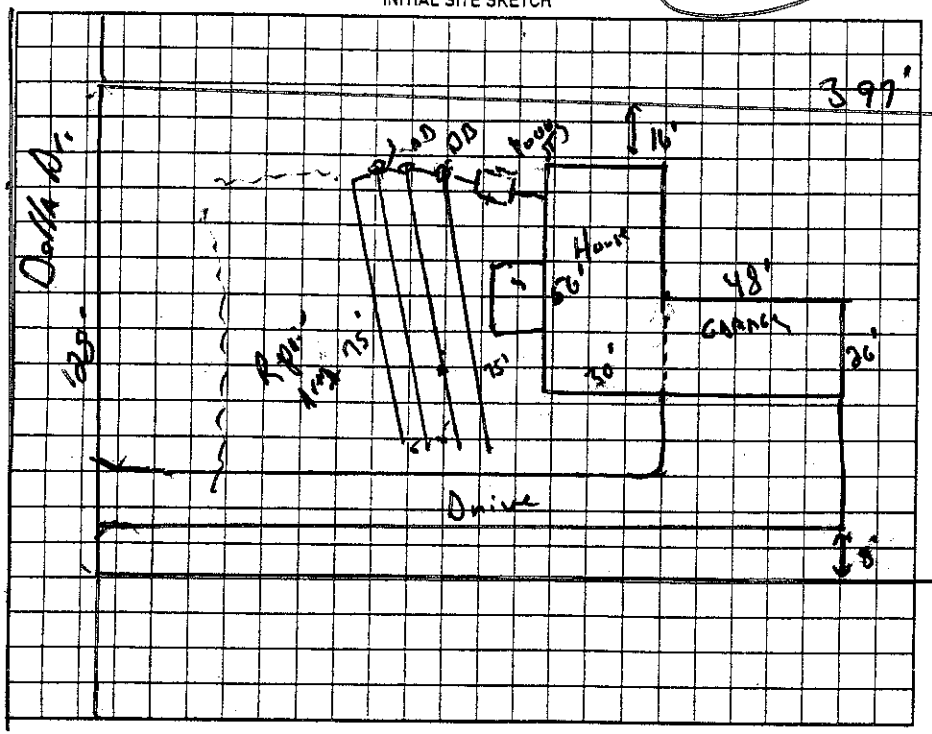
Comments:/Conditions: Follow contour / USE 3 drop-boxes

1" = 50'

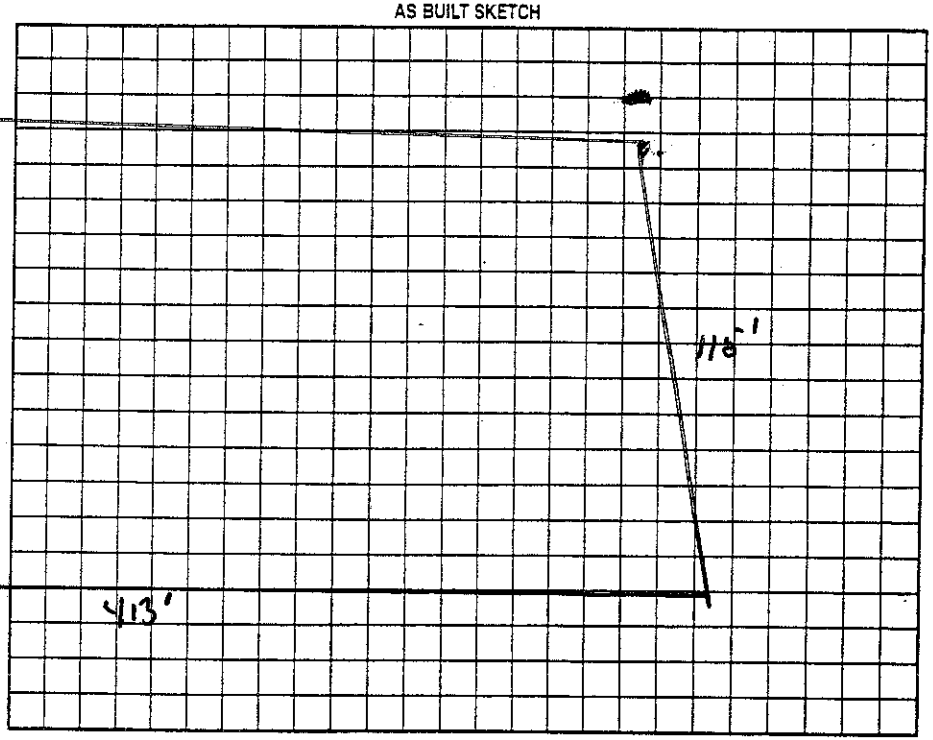
Comments:/Conditions:

Installed as drawn

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: Roger Steve Morrison date 5-3-07

Improvement Permit by: [signature], R.S. date 30 Apr. 07

Authorization to Construct by: [signature], R.S. date 30 Apr. 07

Installed by: James Huckler

Operation Permit by: [signature], R.S. date 12 Sept. 07

Existing System Inspection by: _____ date _____

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