# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219875

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

PIN # 4706-94-5863.000

APPLICANT: Tommy Morrison APPLICANT ADDRESS: 122 Fortunes Trail Statesville NC

SITE ADDRESS: 119 Della Dr. Statesville NC PHONE: 704-878-2963 ALT. PHONE: 704-902-4552

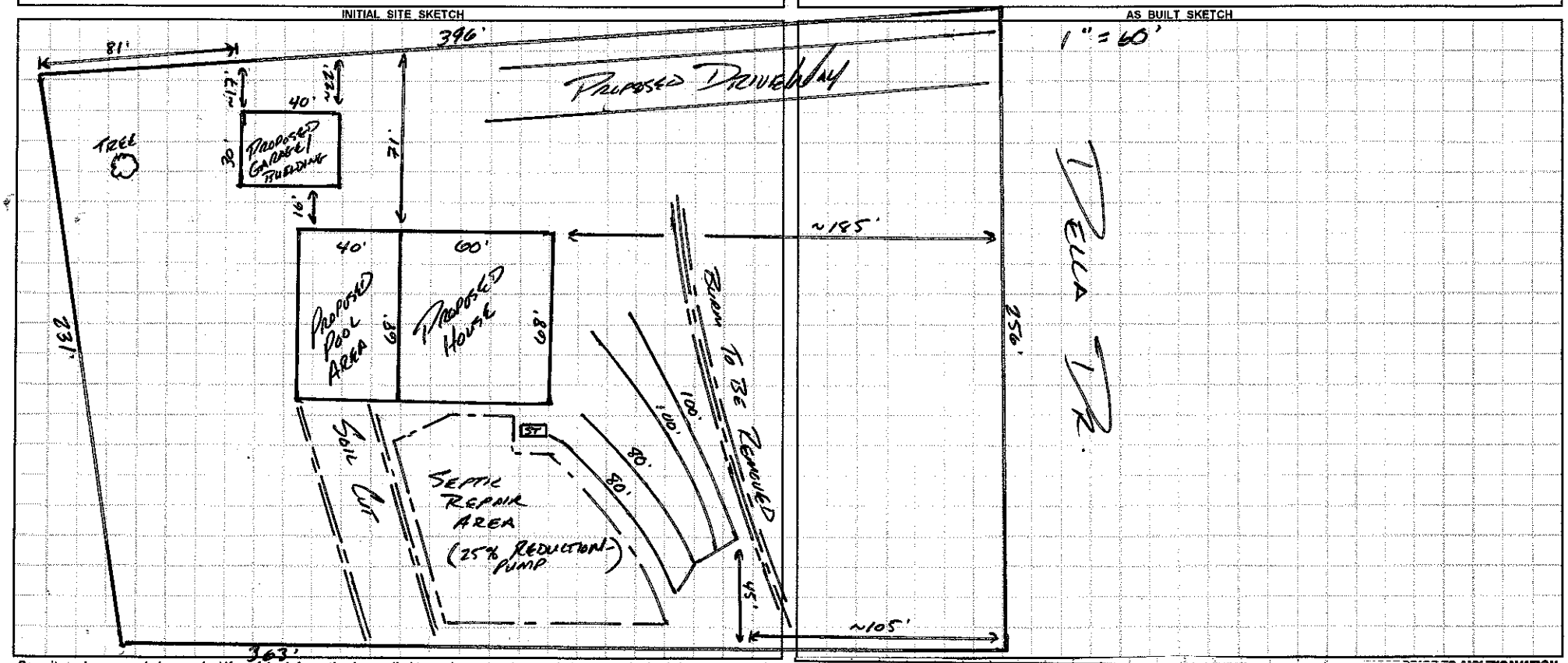
SITE DIRECTIONS: Hwy 115 N, TL Scotts Creek, TL Della Dr., Site on L

SUBDIVISION: Larkin Sloan Estate SECTION: LOT # PT 31 LOT AREA: 2.121 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .25

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 1012 | Date | 8/13/16 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II ☒ III IV V VI | ☒ Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | | (gal) | PT | | Date | | System Description: | 25% Reduction-Gravity | ☐ Business | No. Persons | 6 | ☐ Private |
| Pump Make | | Model | | | Serial # | | Repair System Description: | 25% Reduction - Pump | ☐ Other | No. Employees | | ☒ Public |
| # Nitrification Fields | 1 | # Lines | 4 | | Linear Ft: | 360' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☒ Slab | ☐ Crawl Space | | ☐ Community |
| Trench Width | 36" | Max. Trench Bottom Depth | 36" | | Gravel Depth | N/A | ☒ GRAVITY | ☐ PRESSURE | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions: Remove Burn Pile from Septic Area. Follow All NC Septic Rules.

INITIAL SITE SKETCH




AS BUILT SKETCH

1" = 60'

*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.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8/15/16 Installed by: David Young

IMPROVEMENT PERMIT by: [signature] Date: APPROVED AUG 09 2016 OPERATION PERMIT by: [signature] Date: 10/27/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 08/16/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK