IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106565 PIN# 4713-96-4778-4324 DATE 6/7/02

OWNER OR CONTRACTOR Ronnie Morrison PHONE: Business Home 704 528 3865

ADDRESS 167 Spring Meadows Dr. Statesville NC 28677

LOCATION 70W TL Bethlehem, TL Greenwich, TL Heathrow at end

SUBDIVISION The Landings BLOCK / SECTION 4 LOT 84 LOT AREA 9.5 Ac. SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 512 Date 2-11-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Prop Conventional
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

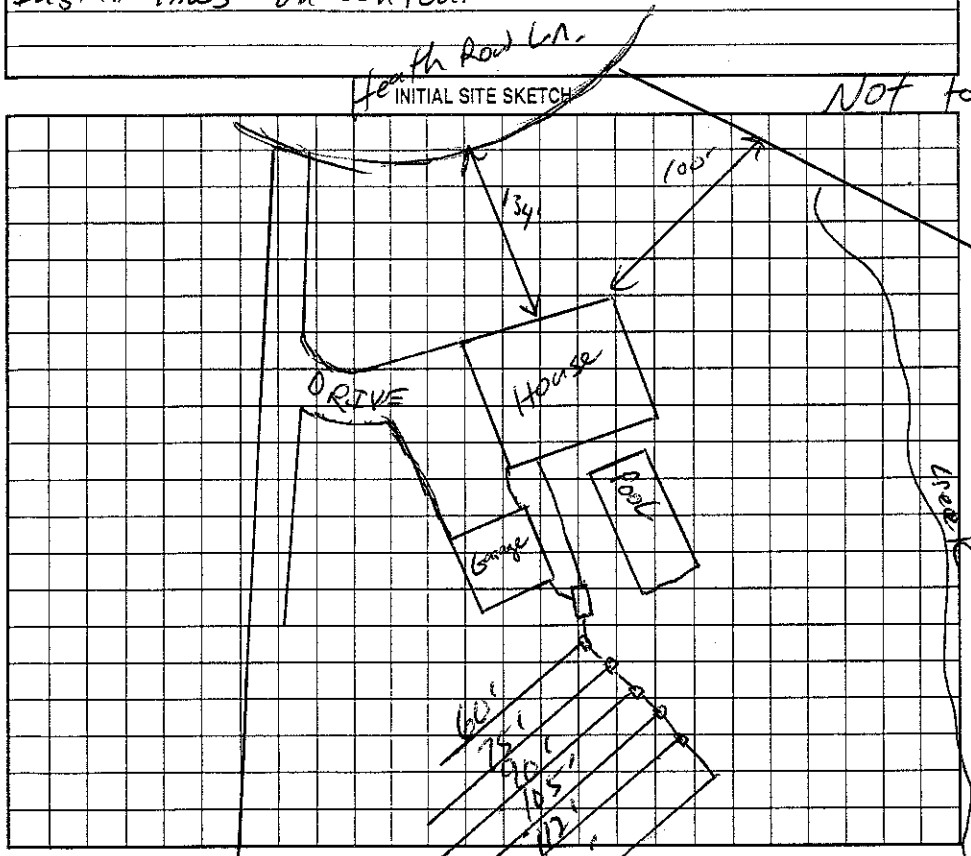
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

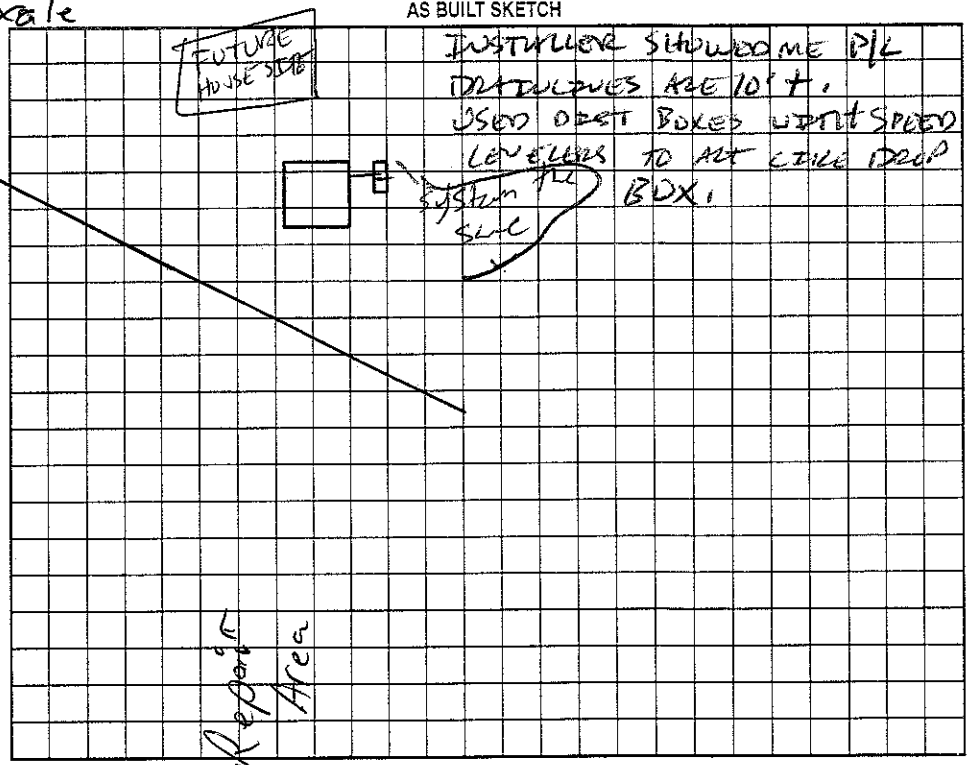
Comments:/Conditions:
Install lines on Contour

Comments:/Conditions: ZABEL FILTER & MANIFOLD
TB- IS 24" DEEP IN ORIGINAL SOIL
1445 6" OF FILL FROM ROAD CUT
HOUSE NOT BUILT AT TIME OF CHECK JUST GARAGE

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: [signature] date 6/10/02 Installed by: Howard Brewer

Improvement Permit by: [signature] RS date 6/7/02 Operation Permit by: [signature] date 3-23-04

Authorization to Construct by: [signature] RS date 6/7/02 Existing System Inspection by: ____ date ____

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