IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220550

BA

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

PIN # 4715508926

APPLICANT: Christopher Morrison/Timmie Reece APPLICANT ADDRESS: 714 Spainhour Rd Morganton, NC 28655

SITE ADDRESS: 122 Foster Farm Ln Statesville, NC 28625 PHONE: 704 450-6397 ALT. PHONE: 828 443-3005

SITE DIRECTIONS: I-40 TR Stamey Farm TR Island Ford Rd TL Cannon TR Foster Farm Ln

SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: 3

Existing / Addl

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 200ft
Trench Width 36" Max. Trench Bottom Depth 28" Gravel Depth N/A

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

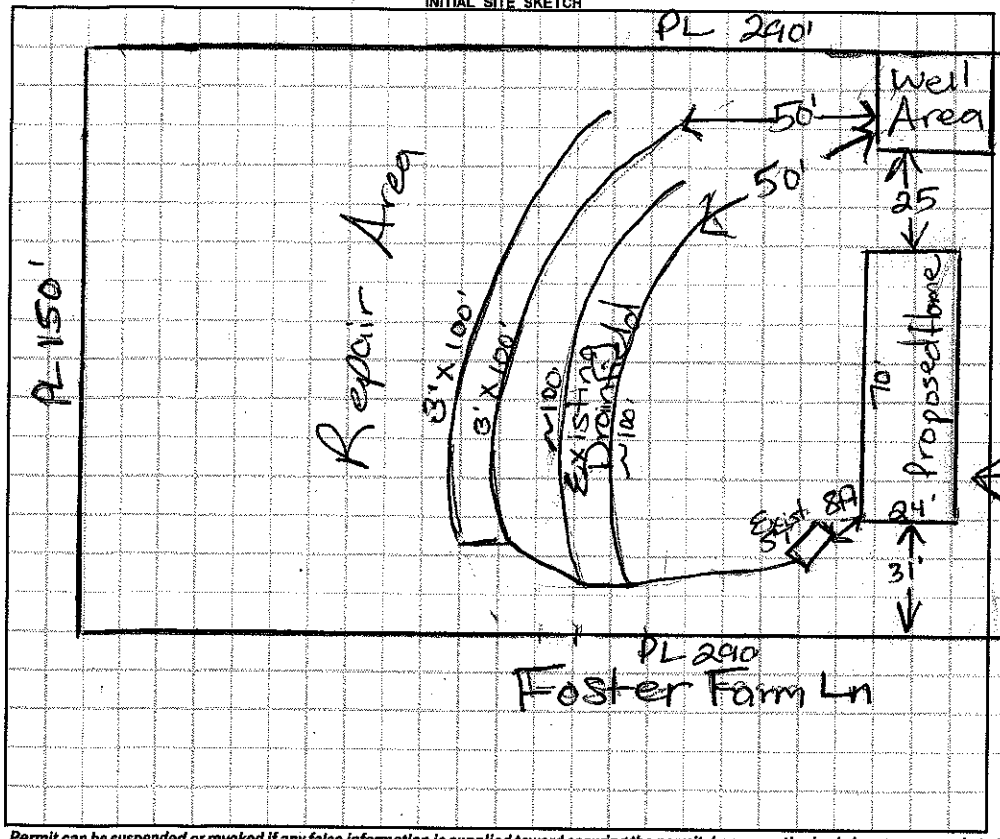
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Add to existing Septic System. Use Serial distribution

☒ Must keep new home at least 5ft From Existing Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

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: Date: 9-14-16

IMPROVEMENT PERMIT by: Date: 9/12/16

AUTHORIZATION TO CONSTRUCT by: Date: 9/12/16

Installed by: Hickory Septic

OPERATION PERMIT by: Date: 10-3-16

Existing System Inspected by: Date:

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