IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200155 BF

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

PIN # 4716151557

APPLICANT: Johnny Morrison APPLICANT ADDRESS: 122 Fortunes Trail

SITE ADDRESS: 106 Fortunes Trail PHONE: 704-902-4552 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TL Scotts Creek Rd. TL Fortunes Trail 1st lot on Right

SUBDIVISION: Morrison Fields SECTION: N/A LOT # 12 LOT AREA: 0.52 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012-1000 Date 4-1-14
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 3 Linear Ft: 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

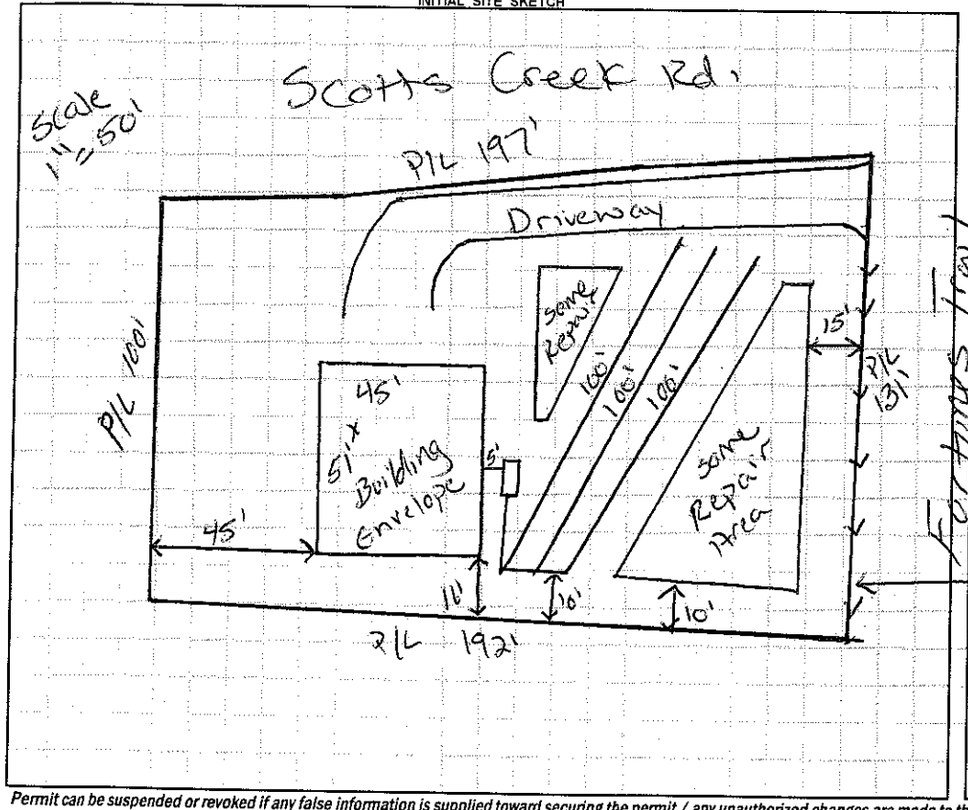
☑ New System ☐ Repair ☐ Expansion System Type: I II ☑ III IV V VI
System Description: 25% Reduction
Repair System Description: Low Pressure PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY. Submit Floor plan prior to issuance of CA. Install a 25% reduction system on Contour with serial distribution. Water line shall be a minimum of 10' away from all components of septic tank system & repair areas.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Yellow Tuf-tite filter installed
- 2" PVC septic tank marker installed
- Quick4 chambers installed
- Installed as drawn
- System installed very early during construction. Keep vehicle traffic off septic system.

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: Johnny Morrison Date: 12/23/13 Installed by: David Yountz

IMPROVEMENT PERMIT by: Justin Henderson Date: 11-22-13 OPERATION PERMIT by: Justin Henderson Date: 6-3-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 12-12-13 Existing System Inspected by: ____ Date: ____

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