IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214/20

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

PIN # 4716151894

APPLICANT: Jeffery Morrison APPLICANT ADDRESS: 121 Holly Branch Ln Troutman NC

SITE ADDRESS: 1240 Scotts Creek Rd Statesville NC PHONE: 980-474-8301 ALT. PHONE: N/A

SITE DIRECTIONS: 115 N T/C Scotts Creek Rd 5 miles on right

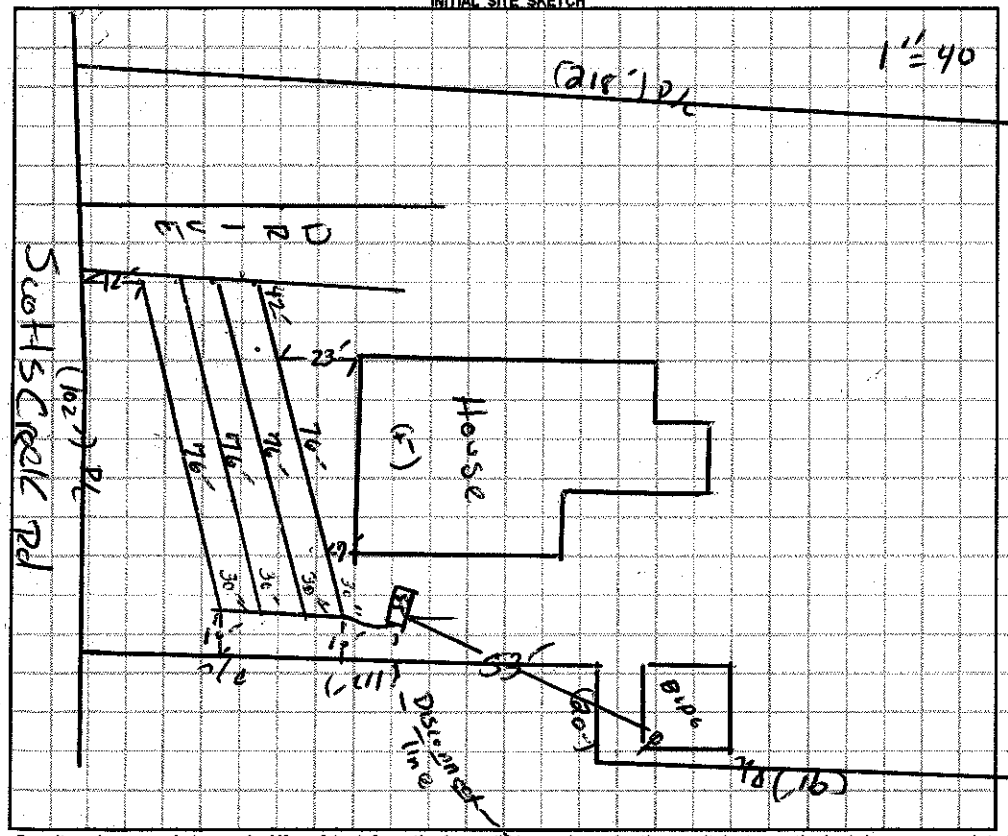
SUBDIVISION: Roger Steve Morrison SECTION: N/A LOT # 6 LOT AREA: 0.722ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	Ex	(gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3
Pump Tank		(gal)	PT		Date		System Description: 25% Reduction		☐ Business	No. Persons	6
Pump Make		Model			Serial #		Repair System Description:		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4		Linear Ft:	300	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☒ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth		46"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

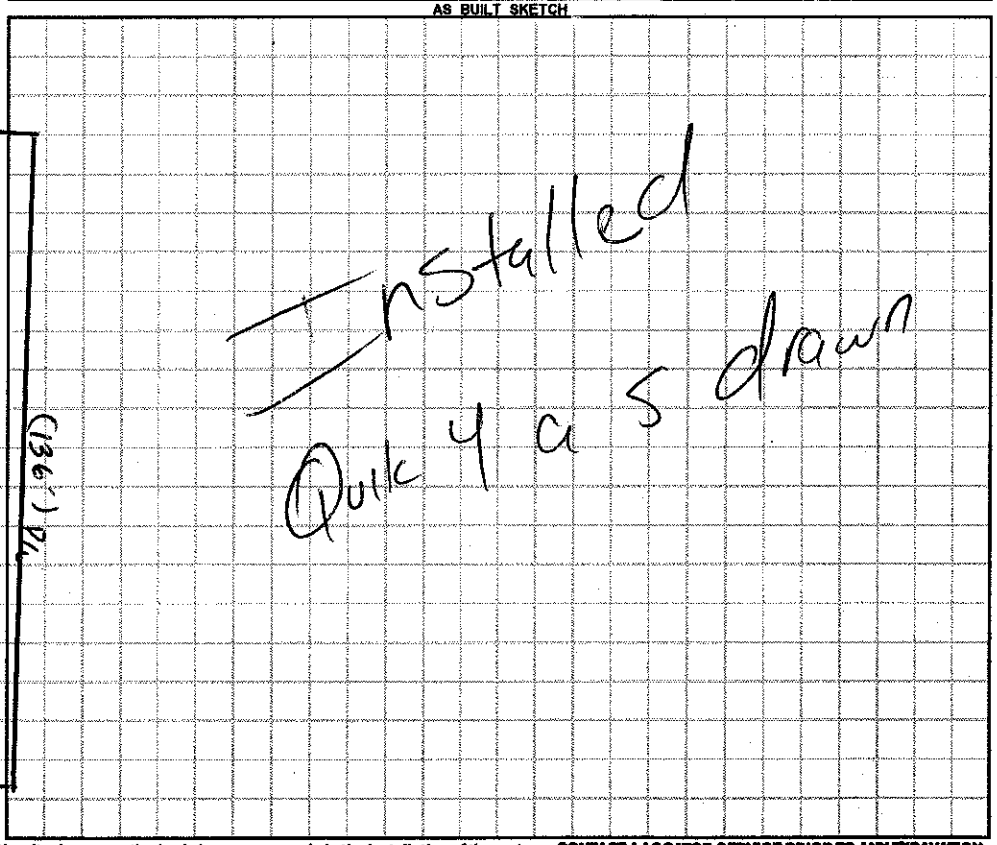
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution. Check tank, check for reflux if needed. Start ditches at 30" inches 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. **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: 10/16/15 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: [signature] Date: 10/16/15 OPERATION PERMIT by: [signature] Date: 10/19/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/16/15 Existing System Inspected by: Date:

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