IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204671

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

PIN # 4716153032

APPLICANT: Johnny Morrison APPLICANT ADDRESS: 122 Fortunes Trail

SITE ADDRESS: 125 Fortunes Trail PHONE: 704-902-4552 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TL Scott's Creek Rd TL Fortunes Trail

SUBDIVISION: Morrison Fields SECTION: N/A LOT # 6 LOT AREA: 0.924 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.2

Septic Tank 1000 (gal) STB 1012 - 1000 Date 6-2-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 360
Trench Width 24" Max. Trench Bottom Depth 31" Gravel Depth N/A

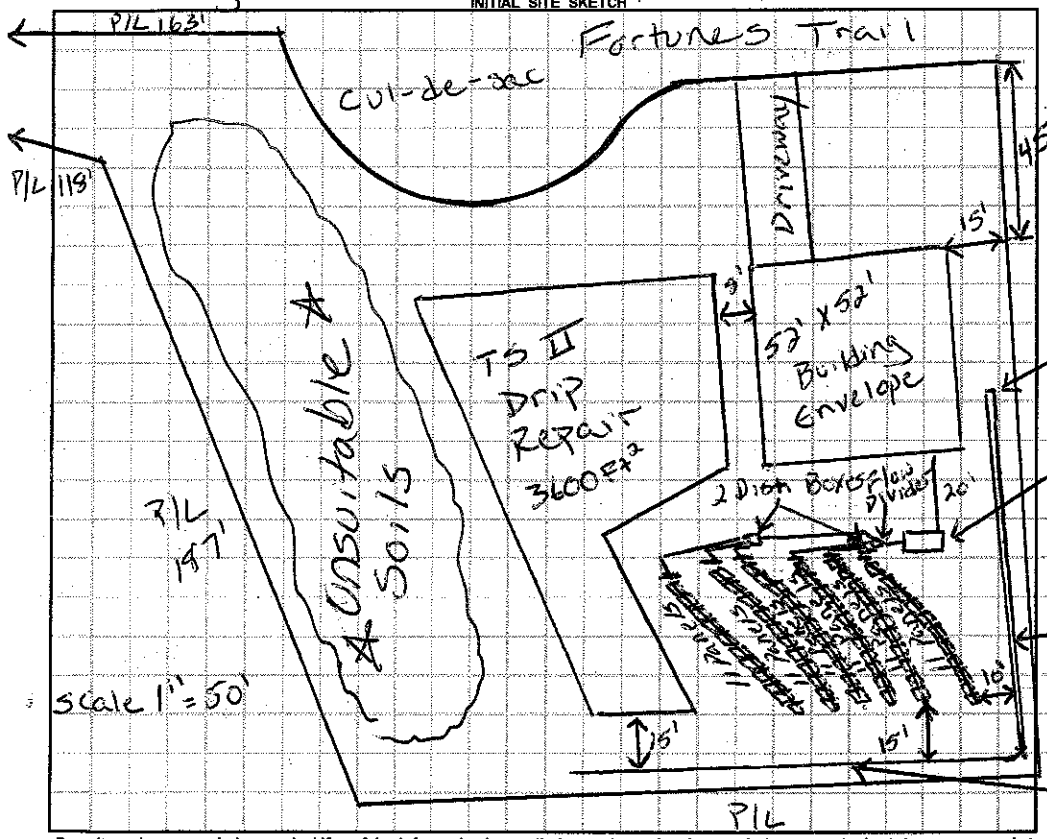
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PPBPS
Repair System Description: TS II Drip
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

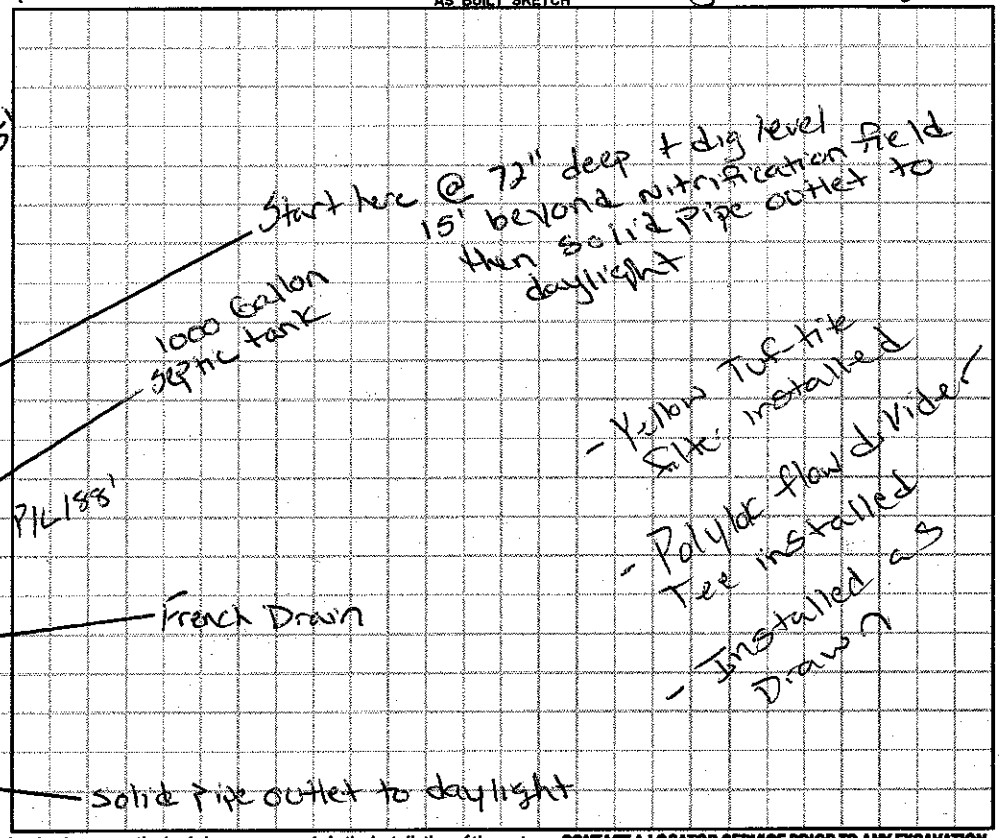
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY! Submit floor plan prior to issuance of CA's. Install a PPBPS system on contour with parallel distribution, utilizing a flow divider tee + 2 Distribution boxes. Install a French drain @ location shown below, starting @ a depth of 72". Install 66 total Panels
*Max TRENCH DEPTH = 31" on high side

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: 9/11/14 Installed by: Al-Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 9-10-14 OPERATION PERMIT by: [signature] Date: 6-17-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-23-14 Existing System Inspected by: Date:

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