IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151793 PIN# 4716-15-3267 DATE 7 October 08

OWNER OR APPLICANT Johnny Morrison PHONE: Business 704-902-4552 Home

ADDRESS 185 Amos Lake Dr. Statesville, N.C.

LOCATION Scotts Creek Rd. TL Fostoria Dr. Prop. on left.

SUBDIVISION Morrison Fields BLOCK / SECTION LOT 4 LOT AREA 0.439Ac. SITE CLASS PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 g Gallons: STB 794 Date 3-16-10
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet ≈ 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

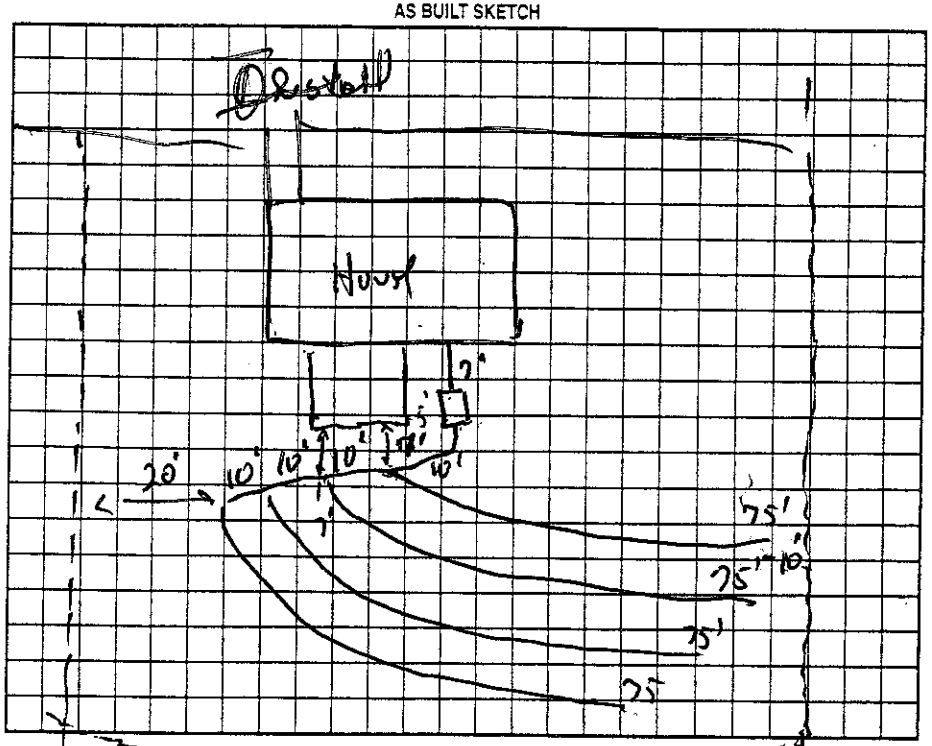
Comments:/Conditions: Follow contour / Home setbacks /

Comments:/Conditions: Polylock tee
Installed using Bud SF ARC 36

INITIAL SITE SKETCH

Please see Attached Layout

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: date 15 Oct. 08 Installed by: James Huddler

Improvement Permit by: , R.S. date 7 Oct. 08 Operation Permit by: , R.S. date 4 June 10

Authorization to Construct by: , R.S. date 7 Oct. 08 Existing System Inspection by: date

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