IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206006

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

PIN # 4776166057

APPLICANT: Johnny Morrison APPLICANT ADDRESS: 122 Fortunes Trail

SITE ADDRESS: 129 Amos Lake Drive PHONE: 704-902-4552 ALT. PHONE: N/A

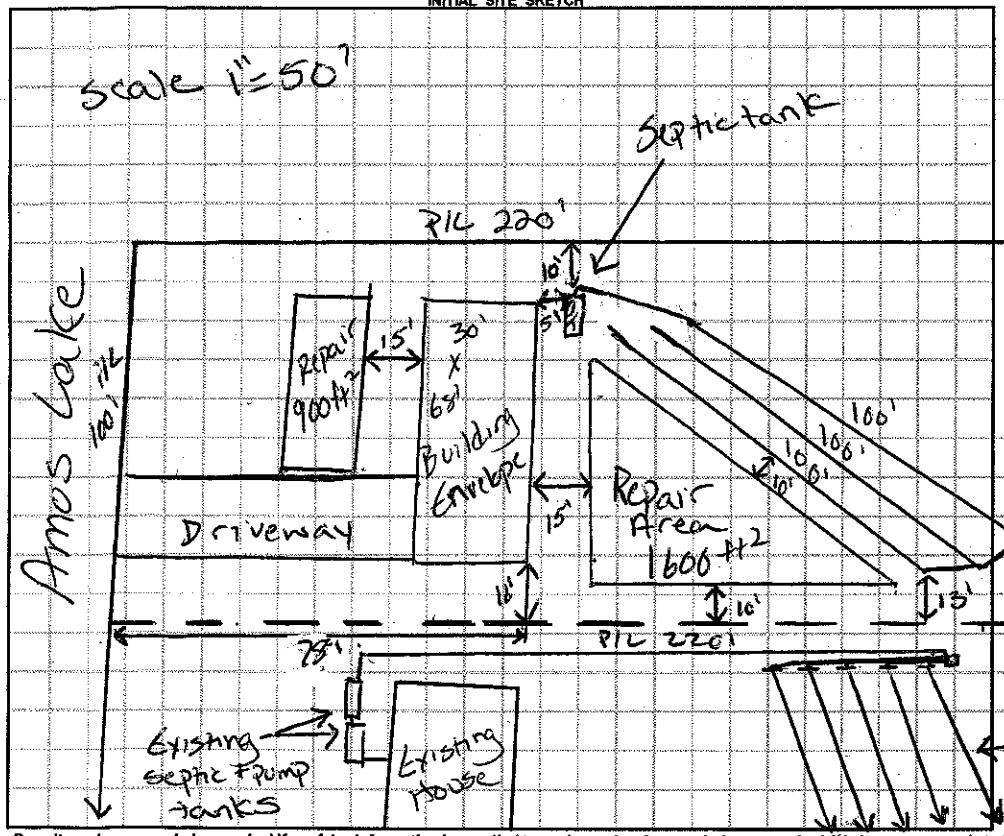
SITE DIRECTIONS: Hwy 115 N TL Scotts Creek Rd TR Amos Lake Dr.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.509 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

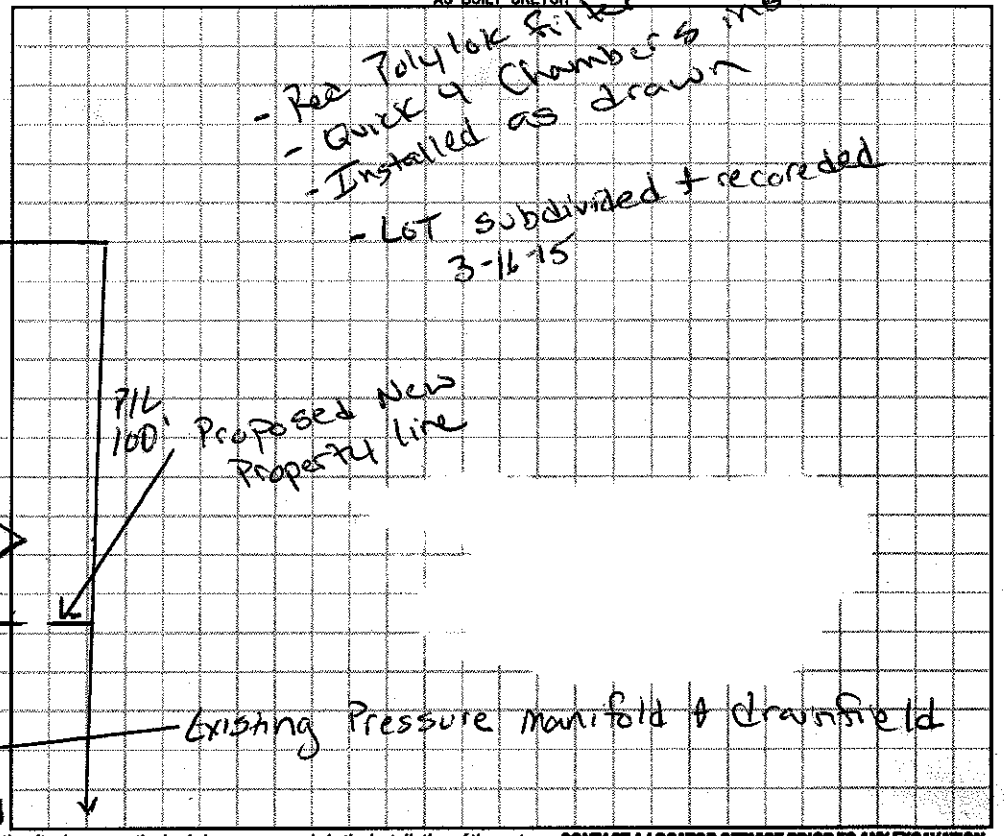
Septic Tank	1060 (gal)	STB 794-1000	Date 2-20-15	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% - Reduction		☐ Business	No. Persons 6	☐ Private
Pump Make	Model		Serial #	Repair System Description: DRIP		☐ Other	No. Employees	☑ Public
# Nitrification Fields 1	# Lines 3		Linear Ft: 300'	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: IMPROVEMENTS ONLY; Subdivide & record property prior to issuance of CA; Install trench bottoms @ 36" ☆

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: Date: Installed by: A1 - Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-31-14 OPERATION PERMIT by: Justin Henderson Date: 3-23-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 3-16-15 Existing System Inspected by: Date:

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