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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095285 PIN# 4716176086 Portion DATE 6/20/01

OWNER OR CONTRACTOR Roger Morrison PHONE: Business (704) 878-0217 Home 902-4553 cell phone

ADDRESS 122 Amos Lake Drive Statesville NC 28625

LOCATION Hwy 115 N @ Scotts Creek Rd, R on Amos Lake Rd

SUBDIVISION — BLOCK / SECTION — LOT 1 LOT AREA ~.5Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1007 Date 7-20-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model equilume Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 260
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

X New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth — X Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

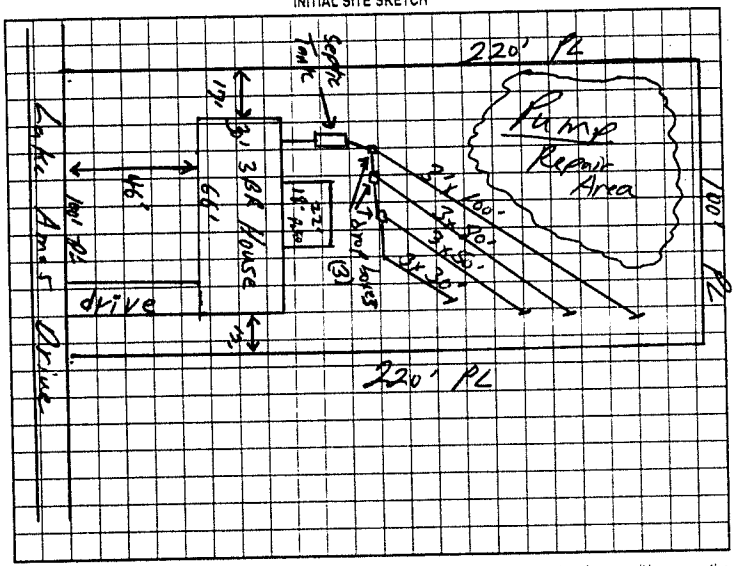
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual X Public ☐ Community

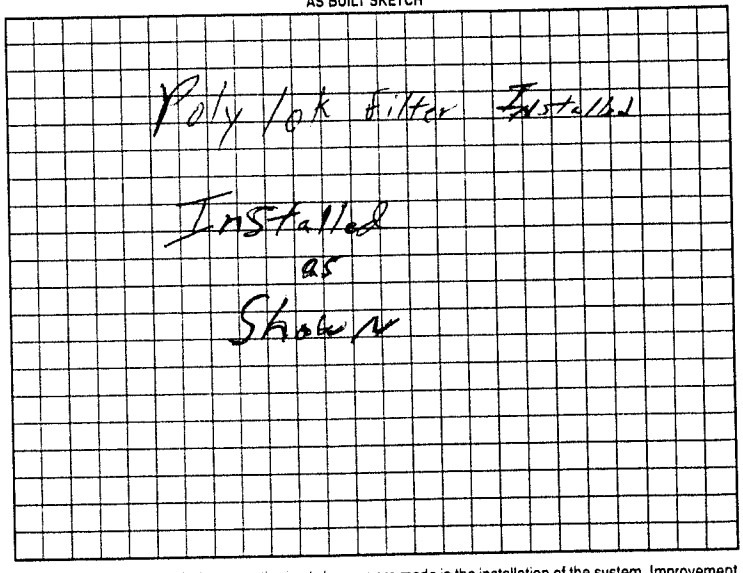
Comments/Conditions: ① Install System on Contour ② 25% Reduction System of 43 Chambers or 260 Ft of HDES Scheme

Comments/Conditions:
- Septic Tank Marker Installed
- Poly lok filter Installed
- Installed 43 Infilator Chambers

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. 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: Roger Stem Morrison date 6-22-01
Improvement Permit by: William O. Johnson date 6/29/01
Authorization to Construct by: William O. Johnson date 6/29/01

Installed by: James Hudler
Operation Permit by: William O. Johnson date 9/10/01
Existing System Inspection by: ____ date ____

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