IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108390 PIN# ~~4716-17-6087.2~~ 4716-16-6238 DATE 9/3/02

OWNER OR CONTRACTOR Roger S. Morrison PHONE: Business _____ Home (704) 878-0217

ADDRESS 177 Amos Lake Drive Statesville N.C. 28625

LOCATION Hwy 90 (R) on Scotts Creek Road, (L) on Amos Lake Drive on Left

SUBDIVISION Roger Steve Morrison BLOCK / SECTION — LOT 2 LOT AREA .507 Acres SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 3/2 Date 5-25-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model equiv. to Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 258

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: Gravity/Pump 25% Redu.

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

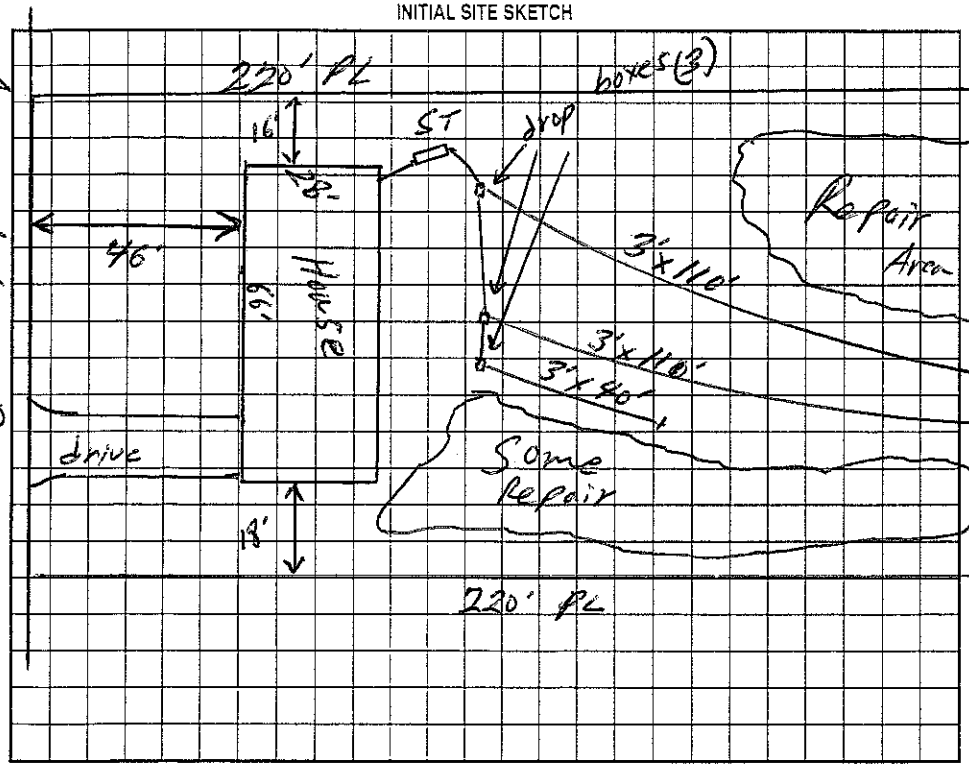
Comments:/Conditions: (1) Install Lines on Contour (2) maintain proper setbacks

Comments:/Conditions:

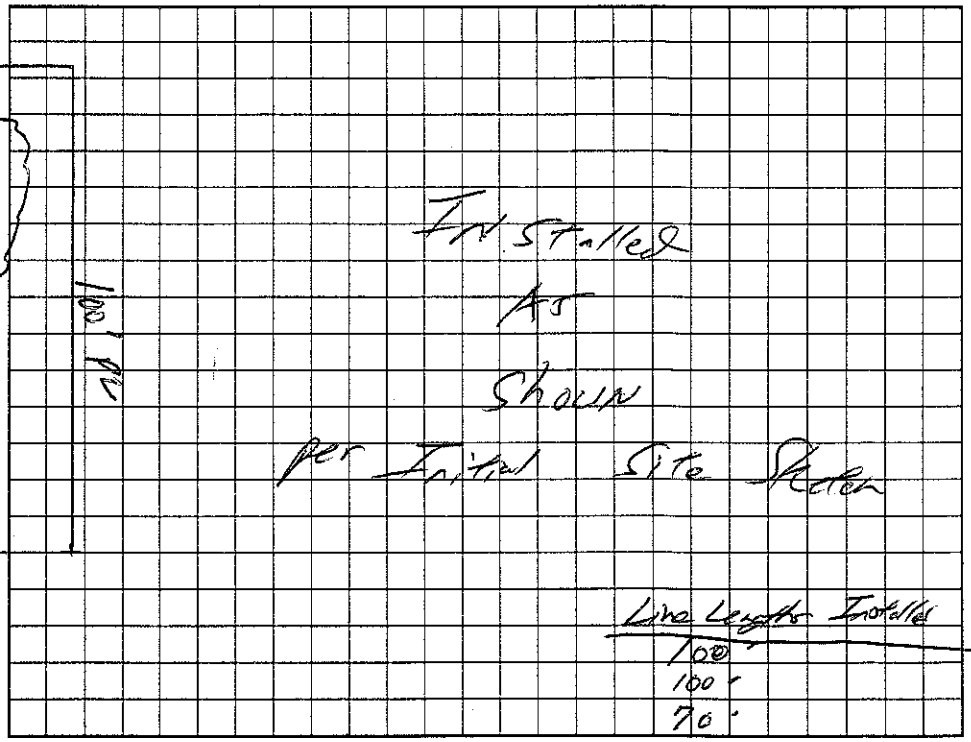
~~Installed~~ 43 ~~Infiltrator~~ Infiltrator Chambers

- Installed S.T. Marker + Label Filter

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 S Morrison date 9-23-02 Installed by: James Hudler

Improvement Permit by: William O. Johnson date 9/3/02 Operation Permit by: William O. Johnson date 7/01/03

Authorization to Construct by: William O. Johnson date 9/3/02 Existing System Inspection by: _____ date _____

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