IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8877 3 PIN# 4716 16 6925 DATE May 5 2000

OWNER OR CONTRACTOR Johnny Morrison PHONE: Business _____ Home _____

ADDRESS 1282 Scotts Creek Rd Statesville NC

LOCATION Hwy 115 North (L) Scotts Creek ~3½ on (L) Right before Roberts Rd Long Concrete Drive follow to end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.6 AC SITE CLASS 3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 5 18 00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 40"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. Gravity
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 36 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

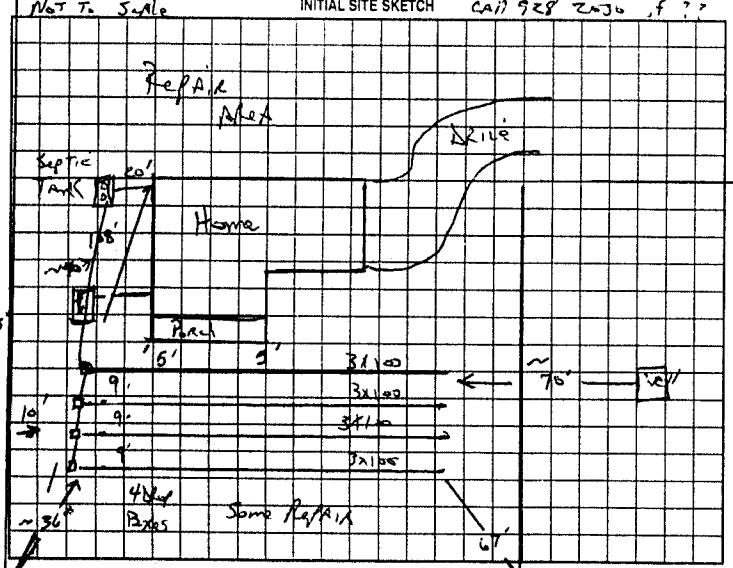
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☒ Individual
☐ Public
☐ Community
Existing Well

Comments:/Conditions: Keep max Feasible Distance from well
Tank Location 5 Ft min from off home
May use A Box w/ spread levels

Comments:/Conditions

INITIAL SITE SKETCH Call 928 2030 if ??



AS BUILT SKETCH

System installed As Designed

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 5/5/00 Installed by: Judy Travis

Improvement Permit by: _____ date May 5 2000 Operation Permit by: _____ date July 21 2000

Authorization to Construct by: _____ date May 5 2000 Existing System Inspection by: _____ date _____

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