46704

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16001 DATE 11-17-93 TAX MAP NO. 8K-9-A-53 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ronald E. Morrison PHONE: Business _____ Home 871-2920

ADDRESS _____

LOCATION I40W TL Old Mtn. Rd. TL Ridge Drive (Spring Meadows S/D) 3rd house on L

SUBDIVISION Spring Meadows BLOCK / SECTION _____ LOT 53 LOT AREA 1.93 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 358 Date 9-15-93
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30 Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: conventional gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

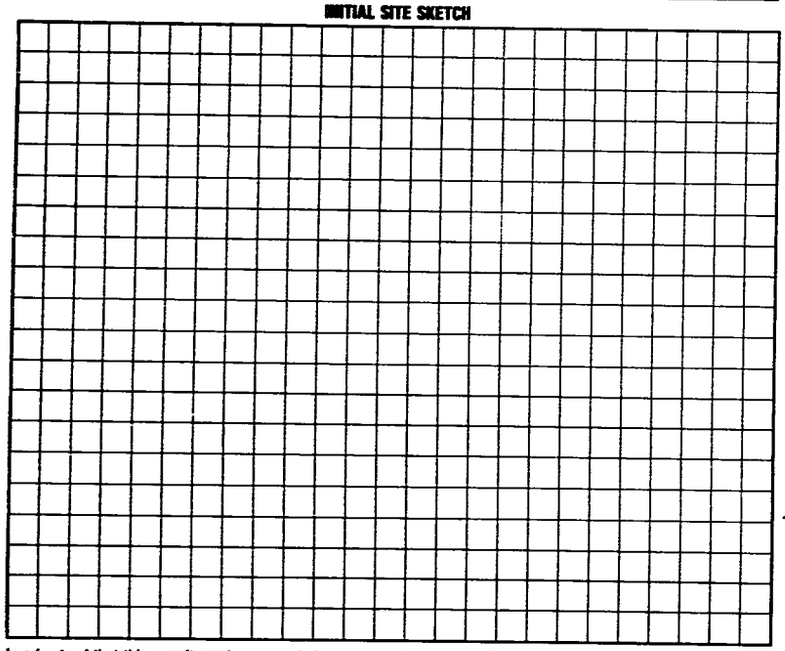
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

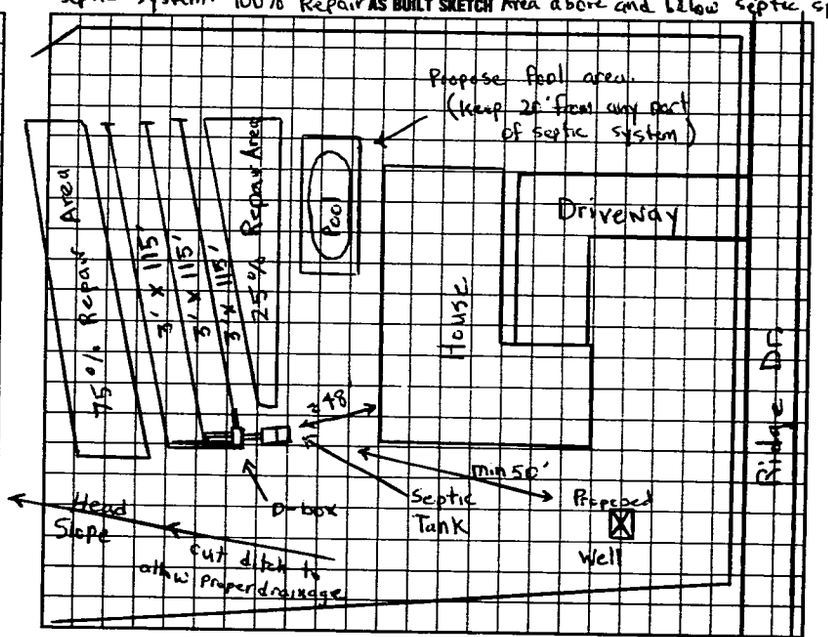
Comments:

Comments: Well not located at time of inspection. Keep well min. 50' from any part of any septic system. Recommended to owner to add cover over end of 2nd line and also to cut wide belly ditch where head slope is to allow drainage away from septic system. 100% Repair

INITIAL SITE SKETCH



AS BUILT SKETCH Area above and below septic system



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Michael J. Dennis date 3-29-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe / Ronald E. Morrison

Certificate of Completion by: Michael J. Dennis date 11-17-93

Operation Permit by: _____ date _____

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