# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086555 PIN# 4728 07 4105 DATE 12-9-99

OWNER OR CONTRACTOR JULIE MORROW PHONE: Business (828) 464-8197 Home (828) 328-3002

ADDRESS 861 21ST AVE NE, HICKORY, NC 28601

LOCATION NC 115 NORTH, TL PISGAH ROAD, TR BARRINGER DRIVE, 6TH LOT ON RIGHT

SUBDIVISION BARRINGTON BLOCK / SECTION ____ LOT 13 LOT AREA 1.244 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 8-27-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
☐ 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

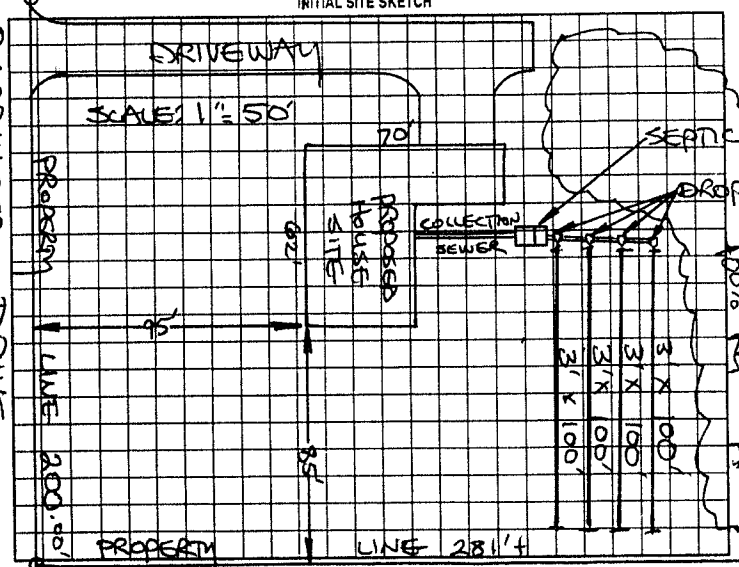
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM ANY WELL.

PROPERTY LINE 260'+

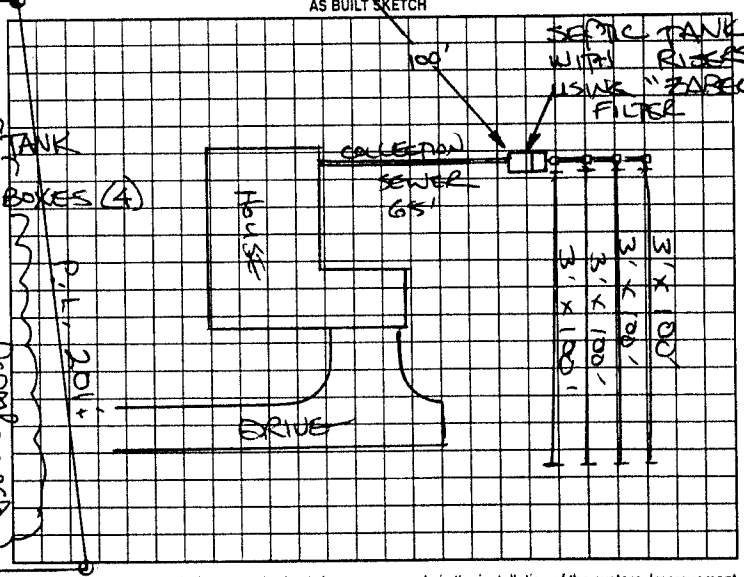
Comments /Conditions:

WELL SITE

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: Julie Morrow date 12-9-99

Improvement Permit by: STEVE HEDRICK date 12-9-99

Authorization to Construct by: STEVE HEDRICK date 12-9-99

Installed by: WEB LYTTON

Operation Permit by: STEVE HEDRICK date 10-10-00

Existing System Inspection by: ____ date ____

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