IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 3-6-00

OWNER OR CONTRACTOR B&T Connie Morrison PHONE: Business _____ Home 876-2242

ADDRESS 121 Millstone

LOCATION US 21 N TL Jennings Rd TR Reeves TL Millstone 3rd itse left

SUBDIVISION Ambelsite BLOCK / SECTION _____ LOT 3 LOT AREA 170'X158' SITE CLASS PS DESIGN FLOW 555 L.T.A.R. .35

Septic Tank: EX. 1000 Gallons; STB 1012 Date 9-26-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other + 5 child Home Daycare

☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

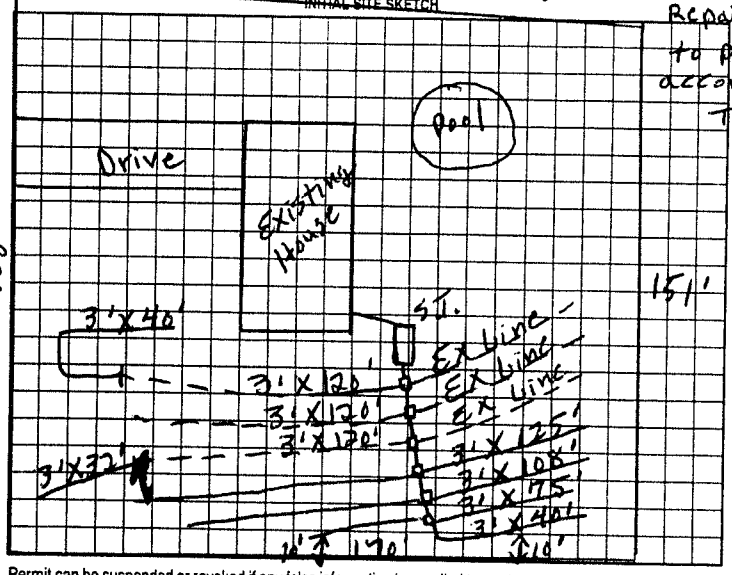
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

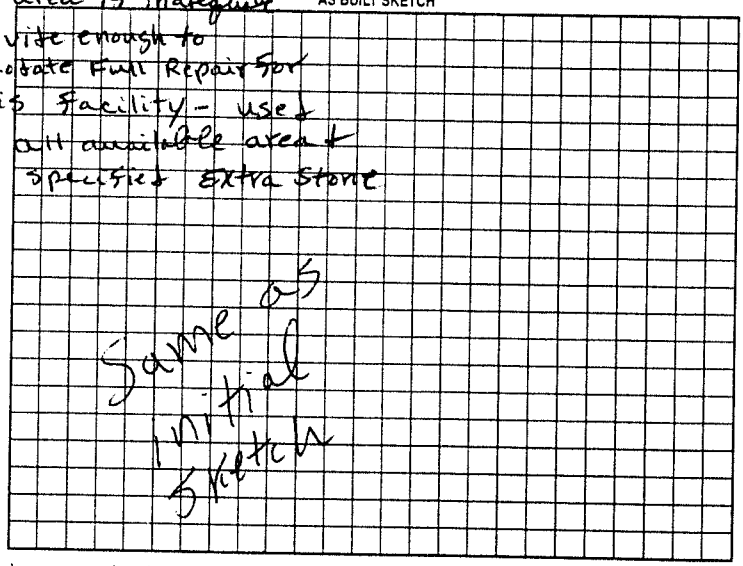
use Extra Stone
depth 18"
System was installed for
3 BR Home with No Daycare
Repair area is inadequate
to provide enough to
accomodate Full Repair for
This facility - used
all available area &
specified Extra Stone

Comments:/Conditions.

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: Connie Morrison date 3-7-00 Installed by: Craig Thompson

Improvement Permit by: P.C. moore date 3-6-00 Operation Permit by: P.C. moore date 4-24-00

Authorization to Construct by: P.C. moore date 3-6-00 Existing System Inspection by: _____ date _____

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