IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074160 PIN# 4750 18 7469 DATE 7/2/98

OWNER OR CONTRACTOR Marshall Ray Murphy Sr. PHONE: Business _____ Home 528-9974

ADDRESS 239 Summertree Trail Troutman 28166

LOCATION Oswalt Amity TR Franklin Woods TR Summertree 5th MH on Left

SUBDIVISION Summertree BLOCK / SECTION _____ LOT 19 LOT AREA ~1 ACRE SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Existing Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI (2)

System Description: Gravel Panel Existing

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

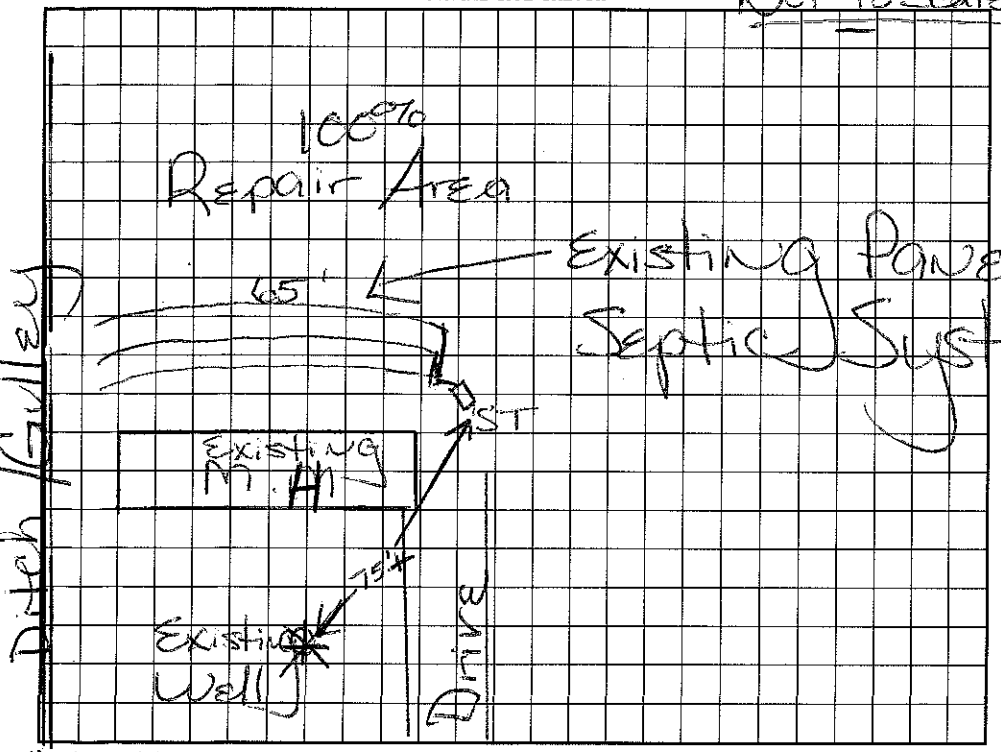
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep M.H. at least 5' from Septic System (Tank & lines) Septic System appears to be functioning okay at time of inspection; No problems Noted.

Comments:/Conditions: System was originally sized for 3 Bedrooms; enough Drainfield for 3 Bedrooms. Originally installed 2-19-93

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH

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 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: X Marshall Ray Murphy Sr. date _____ Installed by: _____

Improvement Permit by: Maria H. Wilson date 7/2/98 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Wilson date 7/2/98 Existing System Inspection by: _____ date _____

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