# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100947 PIN# 4751 17 5444 DATE 7/9/01

OWNER OR CONTRACTOR Christopher Morrison PHONE: Business _____ Home 704-528-5724

ADDRESS PO Box 582 Troutman NC 28166

LOCATION Amity Hill, TR Pitch, to Perry, R Gray Barn, R Midwood on Lt

SUBDIVISION Kelly Farmstead BLOCK / SECTION _____ LOT 21 LOT AREA .85 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 7-4-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

X New System ☐ Repair System Type: I. II. (III) IV. V. VI
System Description: Gravity 25% Reduction
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes X No
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

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

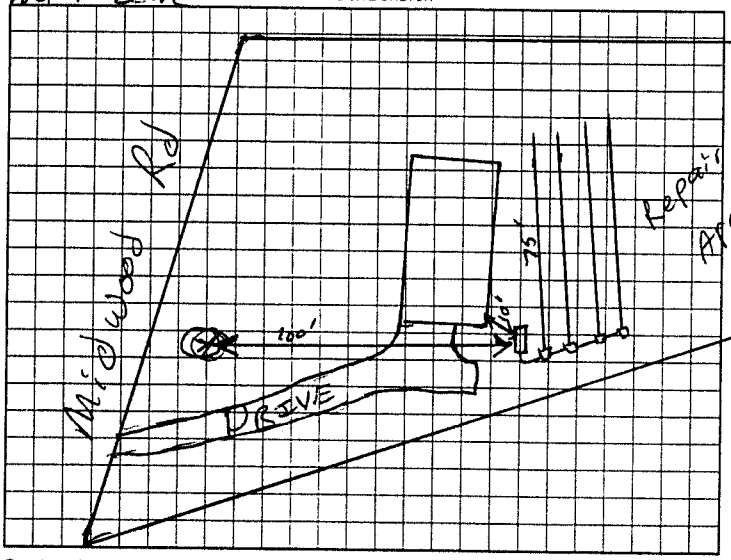
Water Supply: ~~X~~ Individual ☐ Public ☐ Community

Comments:/Conditions: Install lines on Contour - Keep Well 100' from septic System

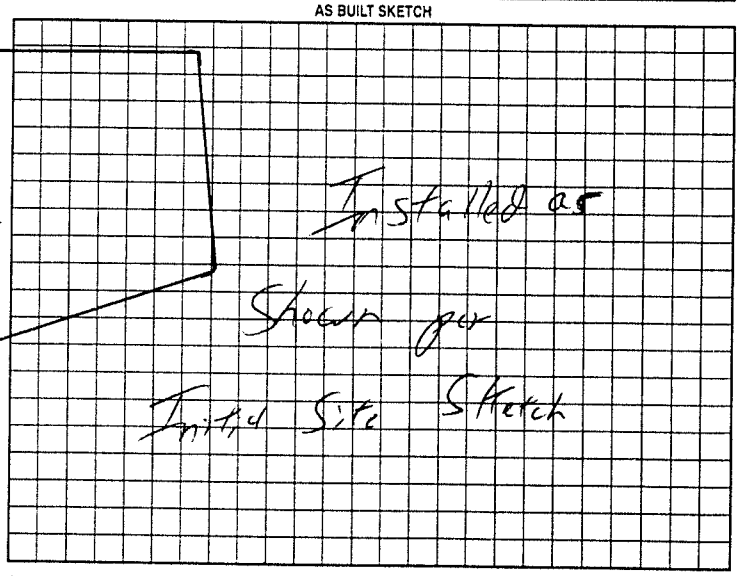
Comments./Conditions: - Polylok Filter Installed - Septic Tank Riser Installed

Not to Scale

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~~: _____ date 7-17-01 Installed by: Steve Jordan

Improvement Permit by: _____ date 7/9/01 Operation Permit by: _____ date 6/25/01

Authorization to Construct by: _____ date 7/9/01 Existing System Inspection by: _____ date _____

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