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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13863 PIN# 4752 22 ~~5346~~ 9339 DATE 1-19-07

OWNER OR APPLICANT John Murphy PHONE: Business 704-924-9323 Home 704-677-2771

ADDRESS 115 Morehead Rd Statesville NC 28677

LOCATION I-77 S Amity Hill Rd (R) Turn L on dirt before House dirt long and

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .622 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Short 1000/760 Date 8-28-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth _____ ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 2540 Conv Trench

Repair System Description: 2540 Conv Trench

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

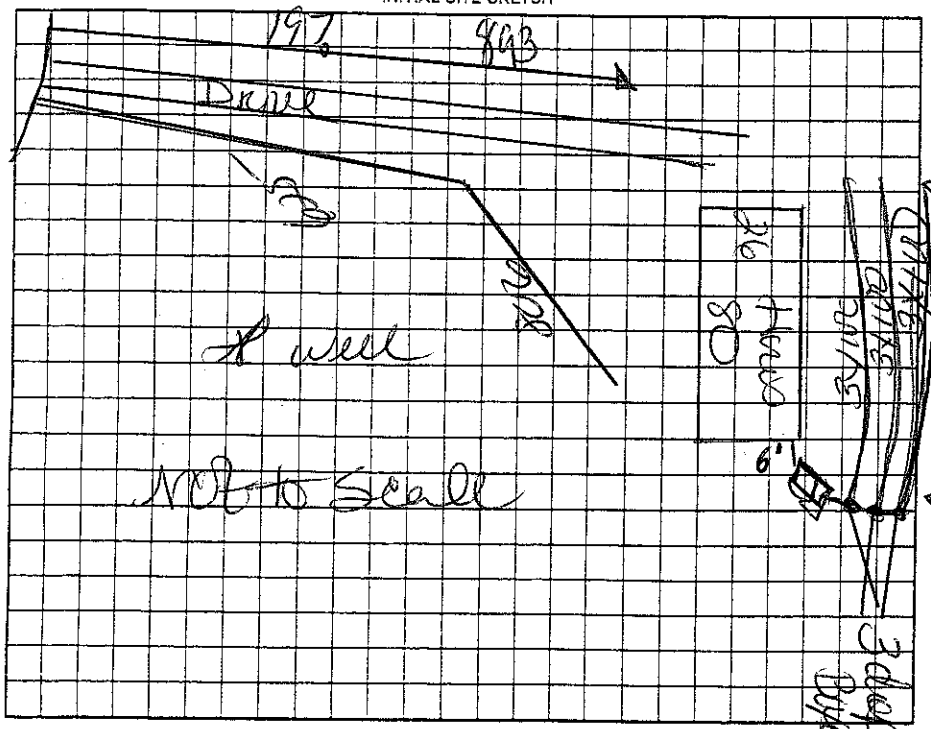
Water Supply: ☑ Individual ☐ Public ☐ Community

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

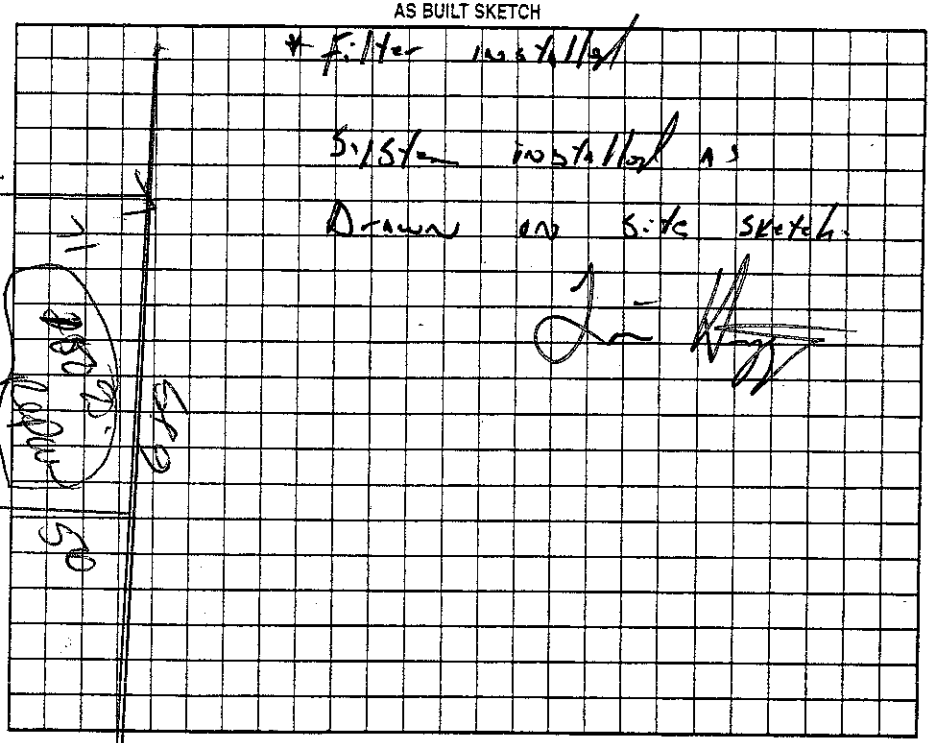
Comments/Conditions: Install on Contour Maintain all setbacks

Comments/Conditions: Maintain 100' away from Septem with well

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: Debra Dee _____ date _____

Improvement Permit by: _____ date 1-19-07

Authorization to Construct by: _____ date 1-19-07

Installed by: _____

Operation Permit by: _____ R.S. date 31 Jan. 07

Existing System Inspection by: _____ date _____

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