IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10164 PIN# 4752-73-2799

OWNER OR CONTRACTOR Cynthia Morris DATE 10/8/01

ADDRESS 217 Overcash Rd. Troutman NC 28166 PHONE: Business 704-871-9833 Home 704-528-0900

LOCATION 70E, R Shiloh, L Clemetz on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.43 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 312 Date 9-23-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 342

No Lines 6@57' Trench Width 36"/1 Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: @ Sand

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

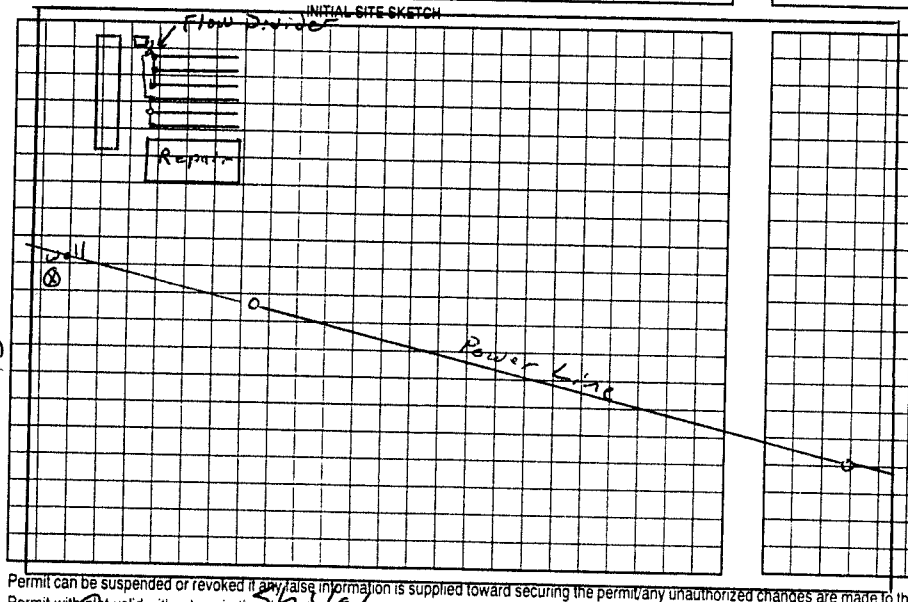
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

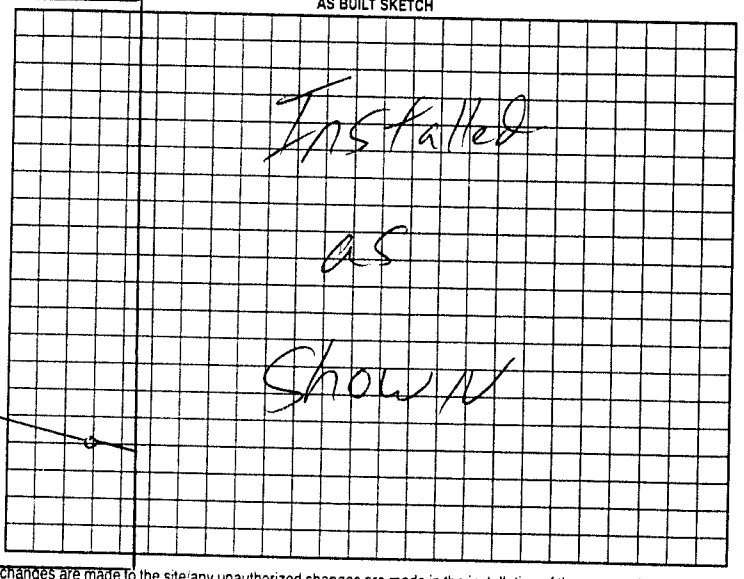
Comments/Conditions:

Comments/Conditions:
- Zabel Filter Installed
- Septic Tank marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH



Clements

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: Cynthia Kay Morris date 10/10/01 Installed by: Marty Tucker

Improvement Permit by: _____ date 10/8/01 Operation Permit by: William O. Johnson date 10/24/01

Authorization to Construct by: _____ date 10/8/01 Existing System Inspection by: _____ date _____

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