IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4754-53-0424 DATE 9-19-05

OWNER OR CONTRACTOR GWENDOLYN MORGAN PHONE: Business S/N 704.872-0306 Home 704-872-1288

ADDRESS 2615 1/2 E. GREENBRIAR RD STATESVILLE NC 28625-6424

LOCATION EAST SIDE DRIVE TO EAST GREENBRIAR ROAD, LOT ON LEFT BEHIND # 2615

SUBDIVISION PAINES & ASSHER BLOCK / SECTION ____ LOT 17 LOT AREA 0.12 ACRE SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 495 Linear Feet 165

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18" / N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: ____

Repair System Description: CONV. OR 25% RED. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

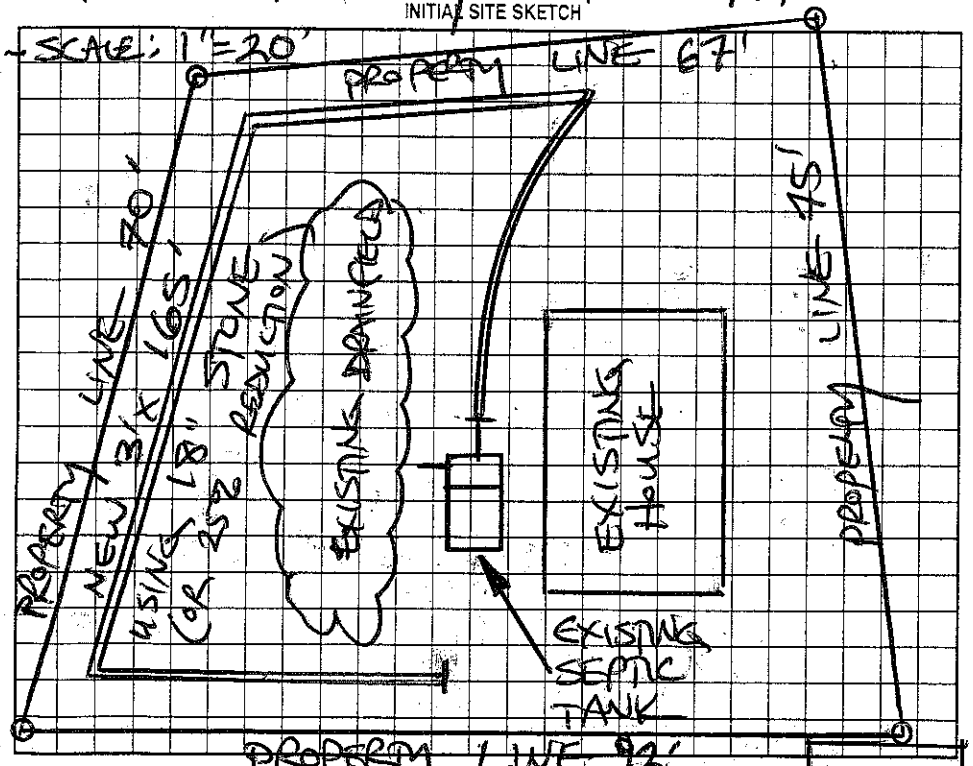
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

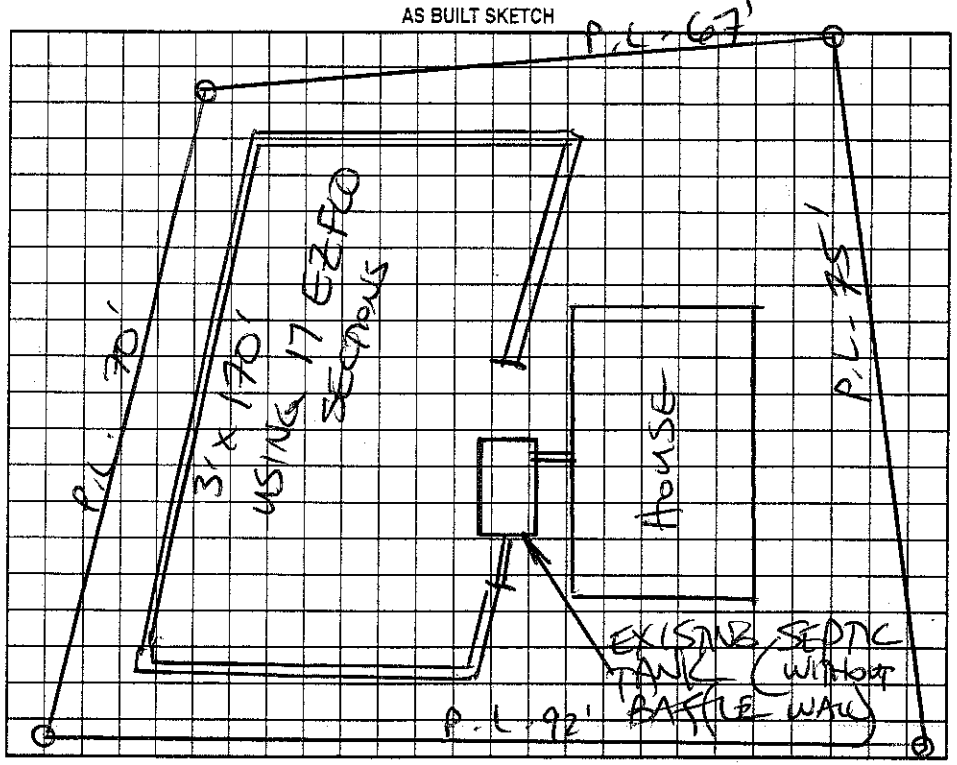
Comments:/Conditions: ① REPLACE SEPTIC TANK IF NECESSARY ② REPLACE SANITARY TEE ③ INSTALL NEW LINE USING 18" STONE OR 25% REDUCTION. ④ TO BE REPAIRED BY OCTOBER 19, 2005

Comments:/Conditions: SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL.

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: Gwendolyn Morgan date 09 05 Installed by: JAMES HUDLER

Improvement Permit by: STEVE HEDRICK date 9-19-05 Operation Permit by: STEVE HEDRICK date 11-14-05

Authorization to Construct by: STEVE HEDRICK date 9-19-05 Existing System Inspection by: ____ date ____

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