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# 4756-43-8308 DATE 6-9-04

OWNER OR CONTRACTOR FREDERICK A. MORRISON PHONE: Business 704-878-3415 Home 704-500-6742

ADDRESS 176 W. MEADOWVIEW DR STATESVILLE, NC 28625-2448

LOCATION US 21 N, TR JANE SAWERS ROAD, TR E. MEADOWVIEW, TR W. MEADOWVIEW, 10TH HOUSE ON RIGHT

SUBDIVISION MEADOW VIEW EST BLOCK / SECTION ____ LOT 34 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 180 Linear Feet 60

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 24"

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

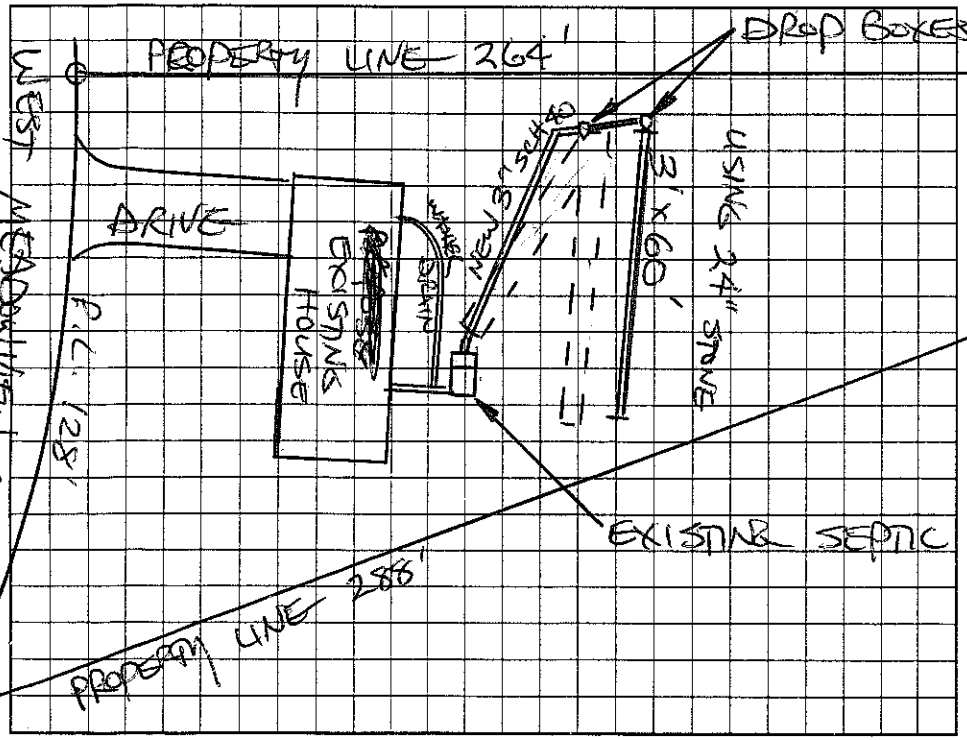
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

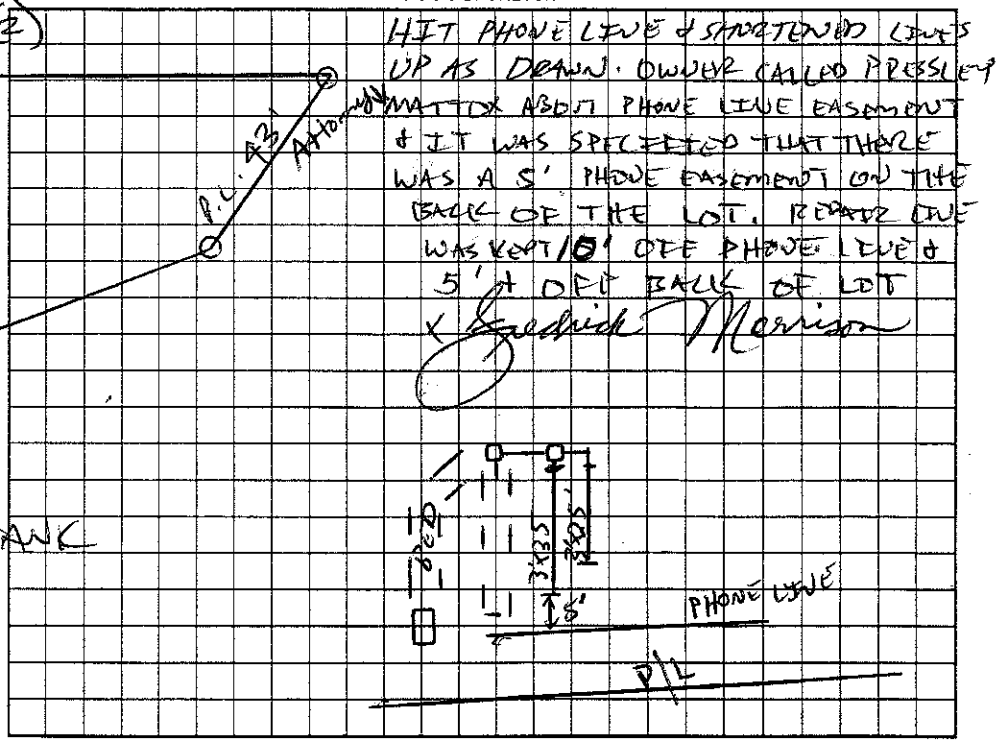
Comments/Conditions: ① PLUMB WASHER DRAIN INTO INLET SIDE OF SEPTIC TANK ② INSTALL NEW DROP BOXES (2) AT LOCATIONS SHOWN FEEDING NEW 3'x60' LINE ON CONTOUR USING 24" STONE

Comments/Conditions: ③ THIS PERMIT SERVES AS "NOTICE OF VIOLATION" SYSTEM TO BE REPAIRED BY 7-9-04 SINK DRAIN PLUMBED IN CORRECTLY, NOT A WASHER DRAIN

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: Frederick Morrison date 6/9/04 Installed by: TOMMY IRVE

Improvement Permit by: STEVE HENDRICK date 6-9-04 Operation Permit by: [signature] RS date 6/24/04

Authorization to Construct by: STEVE HENDRICK date 6-9-04 Existing System Inspection by: ____ date ____

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