IREDELL COUNTY HEALTH DEPARTMENT

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

(4:00)

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

PERMIT# 076739 PIN# 4760 19 4983 DATE 3/17/99

OWNER OR CONTRACTOR Delores Morrison PHONE: Business Home 664-6288

ADDRESS 135 Hanford Rd. Troutman, NC. 28166

LOCATION Shinnville Rd, TL Weathers Creek TR Hanford Rd. to 2ND driveway on (L)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.22AC SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: 1000 Gallons; STB 7012 Date 5/6/98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity - Ch. P Lastic
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

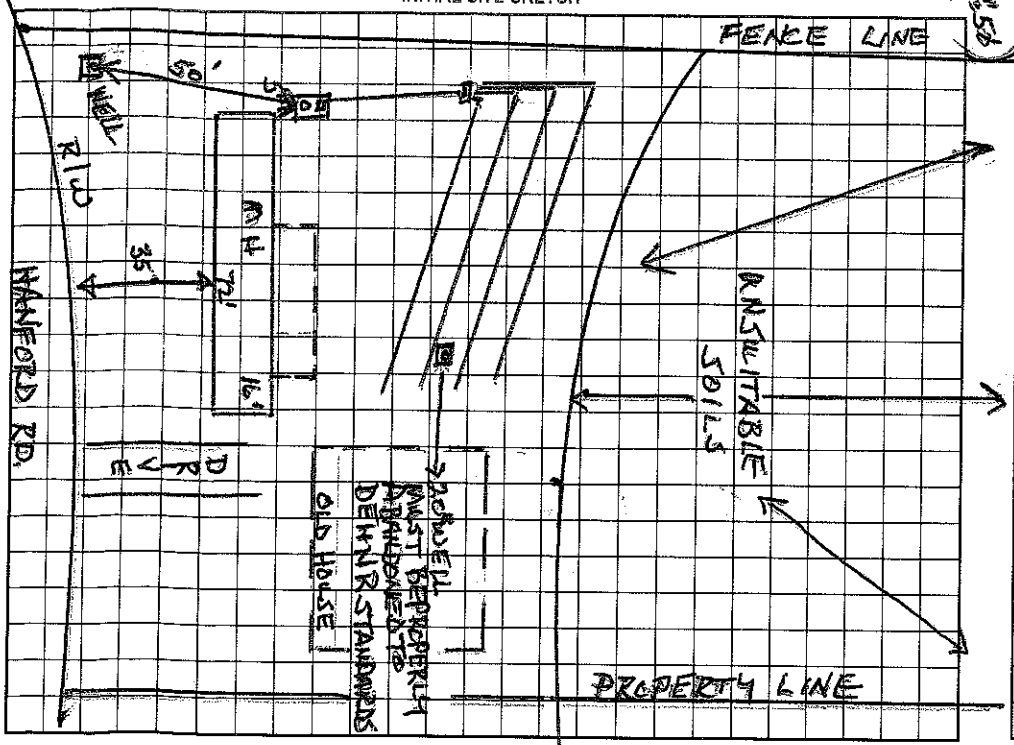
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: 20" Well must be properly abandoned to DEHNR Standards before System is installed or Completed.

Comments:/Conditions:

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: Jozelin O. Morrison date

Improvement Permit by: Wesley Sparks R.S. date 3/17/99

Authorization to Construct by: Wesley Sparks R.S. date 3/17/99

Installed by: A1 BACKHOE

Operation Permit by: C NS date 6/30/99

Existing System Inspection by: date

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