IREDELL COUNTY HEALTH DEPARTMENT (I)

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

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

PERMIT# 140557 PIN# 4765308098

OWNER OR APPLICANT Phil Morgan

ADDRESS 145 Hoots Ln Statesville, NC 28625 PHONE: Business 704.878.8870 Home ~~704~~ 704.902.6363

LOCATION 64 E, TR Bell Farm Rd., TR Hoots Ln, Next to last on left DATE 2/11/08

SUBDIVISION Waldo Hoots BLOCK / SECTION ~~B~~ LOT 11 LOT AREA 1.0 acres SITE CLASS. P.5 DESIGN FLOW 360 gpd/bdrm L.T.A.R. 0.2

Septic Tank: ~~1000~~ exist Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 10 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 50% gravity

Repair System Description: 50% ~~pump~~ LPP

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

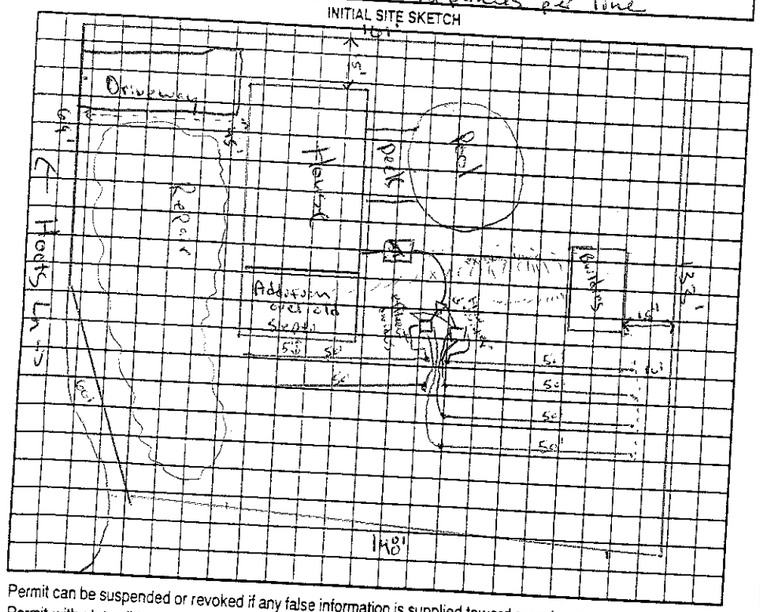
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:
- install as flagged
- maintain all setbacks
- use existing tank, move supply line
- 12 panels or 12 panels per line

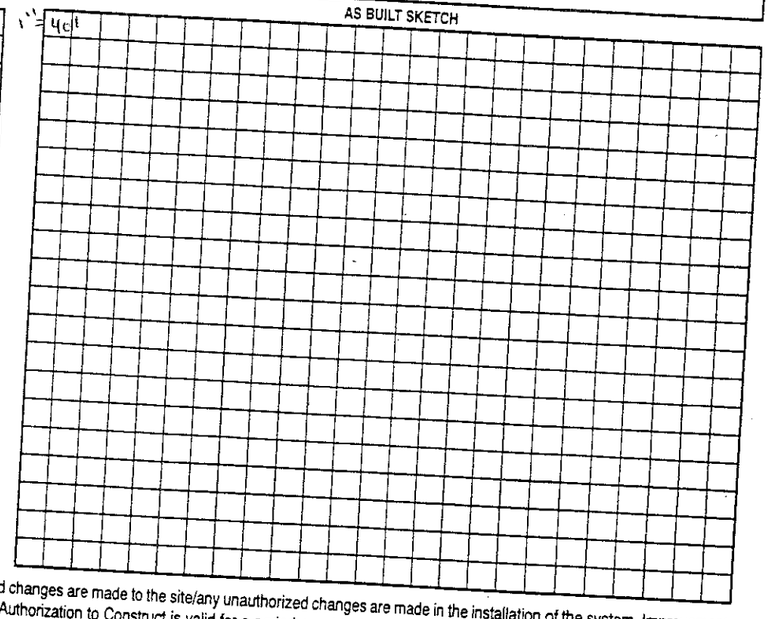
Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'



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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑

Signed: Phillip M. Morgan date 2-12-08

Improvement Permit by: Randall Moore date 2/11/08

Authorization to Construct by: Randall Moore date 2/11/08

Installed by: M&M Enterprise

Operation Permit by: Kelly Cook date 3-20-08

Existing System Inspection by: _____ date _____

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