(12)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220998

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

PIN # 4765653858 ✓

APPLICANT: Mickey Morrison APPLICANT ADDRESS: 209 Oak Haven Dr Statesville NC 28625

SITE ADDRESS: ✓209 Oak Haven Dr Statesville NC 28625 PHONE: 704-437-1892 ALT. PHONE: N/A

SITE DIRECTIONS: 64E T/L River Hill Rd T/R Oak Haven Rd House on Left

SUBDIVISION: ✓Country Wood Estates SECTION: N/A LOT # 83 ✓LOT AREA: 0.67ac DESIGN FLOW: Ex L.T.A.R.: Ex

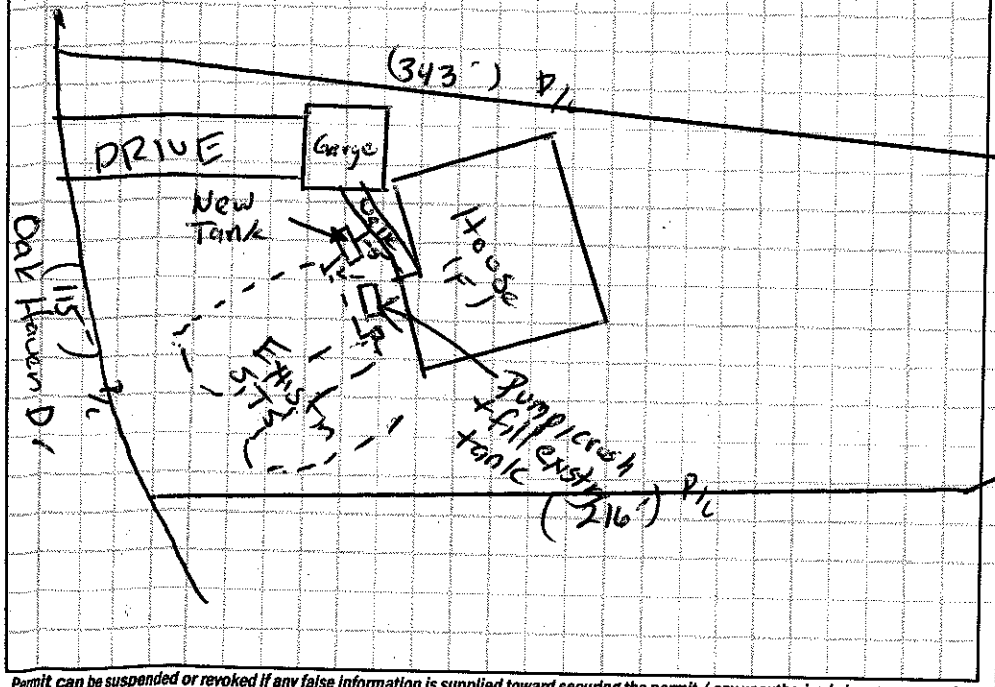
Septic Tank 1000 (gal) STB 1012 Date 3/20/16
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☒ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

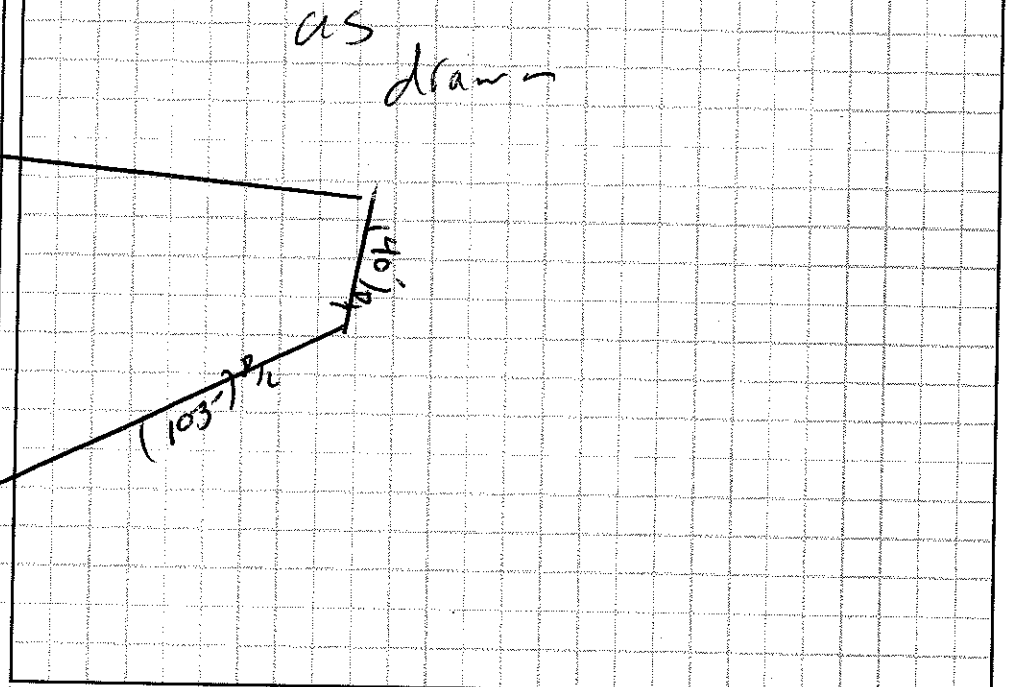
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms Ex No. Persons Ex No. Employees ____ ☒ Crawl Space
Water Supply: ☐ Private ☒ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions: Pump, Crush, and fill existing tank; Maintain 5' off any Foundation and 2' off any tail line

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Mickey Morrison Date: ____ Installed by: Steve Sorrow

IMPROVEMENT PERMIT by: Date: 08/22/16 OPERATION PERMIT by: Date: 9/1/16

AUTHORIZATION TO CONSTRUCT by: Date: 08/22/16 Existing System Inspected by: Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK