IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100340 PIN# 4810 82 2520 DATE 5-23-01

OWNER OR CONTRACTOR ROY MORGAN PHONE: Business (704) 872-1080 Home (704) 876-0568

ADDRESS 4302 WILKESBORO Hwy STATESVILLE NC 28625

LOCATION NC 115 N ON RIGHT ACROSS FROM HANNAH ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.38 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 3-2-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 50% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ NO
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

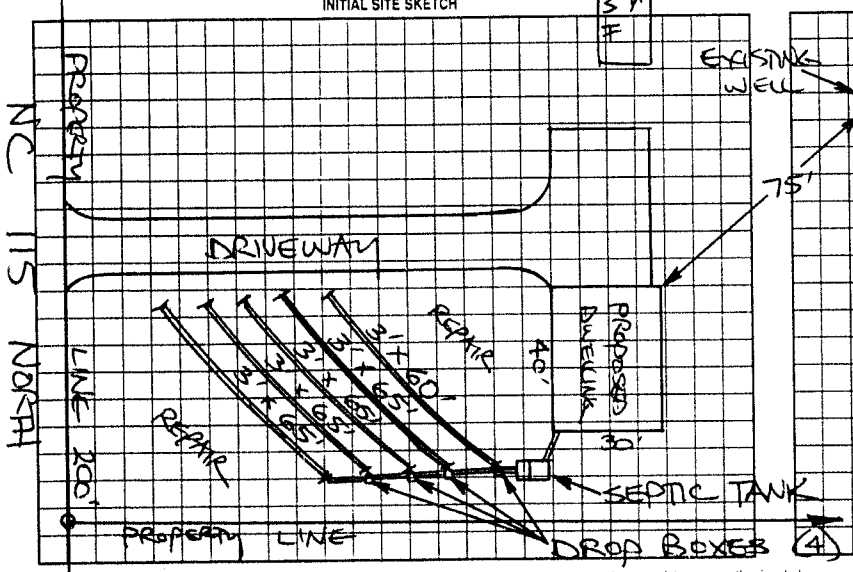
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Klonette Davis date 5-23-01 Installed by: STATESVILLE BACKHOE

Improvement Permit by: STEVE HEDRICK date 5-23-01 Operation Permit by: STEVE HEDRICK date 6-8-01

Authorization to Construct by: STEVE HEDRICK date 5-23-01 Existing System Inspection by: _____ date _____

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