IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 219280

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

PIN # 4822-78-6854 ✓

APPLICANT: Fred Lowry Jr. APPLICANT ADDRESS: 190 Baymount Statesville, NC

SITE ADDRESS: 636 Morgan Ford Rd. Statesville, NC PHONE: 704-880-5031 ALT. PHONE: —

SITE DIRECTIONS: Rt 115 N from Statesville → R on Prospect Rd → L on Morgan Ford Rd → Lot on Left

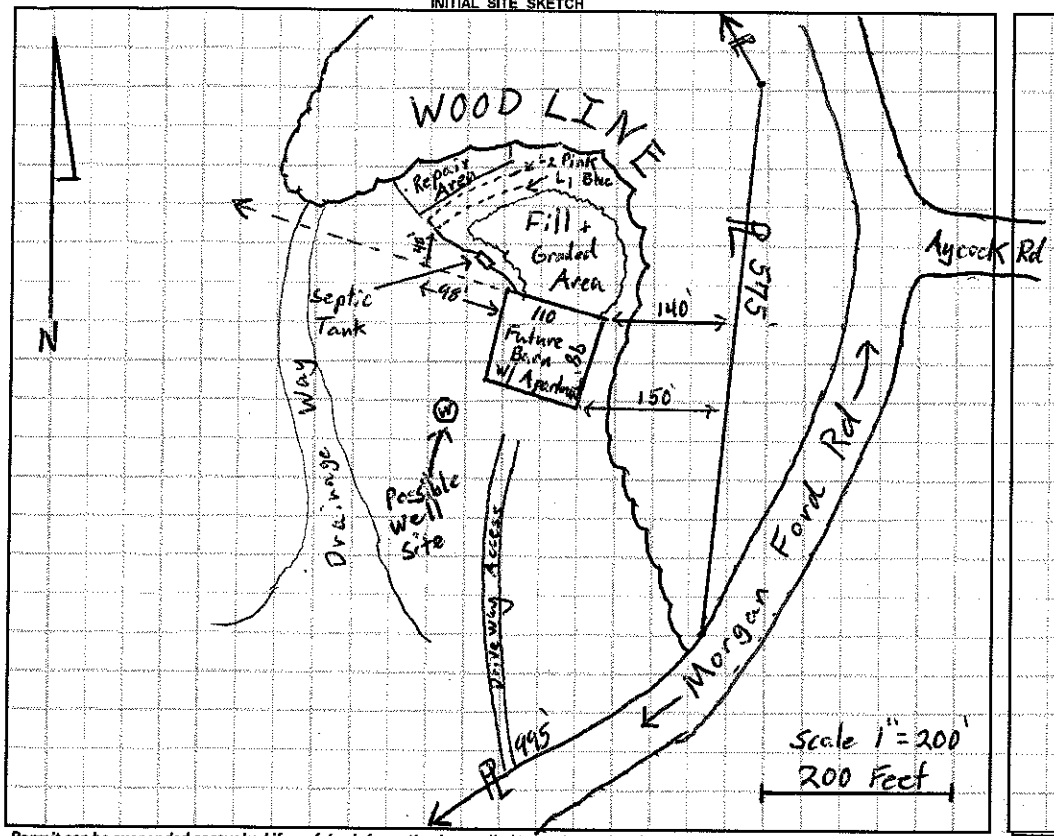
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 68.626 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	10/2	Date	9/26/16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	2	Linear Ft:	200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Max. Trench Bottom Depth	32"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☐ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	4	☒ Private
☒ Other Barn w/Apt Above	No. Employees		☐ Public
☒ Slab ☐ Crawl Space			☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

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: [signature] Date: 8/1/16 Installed by: Underdog Precast Paul Bailey

IMPROVEMENT PERMIT by: [signature] Date: 7-21-16 OPERATION PERMIT by: [signature] Date: 10/17/16

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by:

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