Replaces Permit issued 31 Oct. 06

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138721 PIN# 3793-55-3109 DATE 14 March 07

OWNER OR APPLICANT Tony Marlow / Marlow Builders PHONE: Business 704-902-8819 Home 704-878-0110

ADDRESS 124 Emma Ln. Statesville, N.C.

LOCATION 114 Topflite Dr. Statesville, N.C.

SUBDIVISION Augusta Greens BLOCK / SECTION 2 LOT 9 LOT AREA 0.568 ac. SITE CLASS. P3 DESIGN FLOW 360 gpd. L.T.A.R. 0.3 gpd/Ft²-1d

Septic Tank: 1000 Gallons: STB TF 1012-1000 Date 1-16-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ≈ 1200 Linear Feet 200

No Lines 4 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% Reduction

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

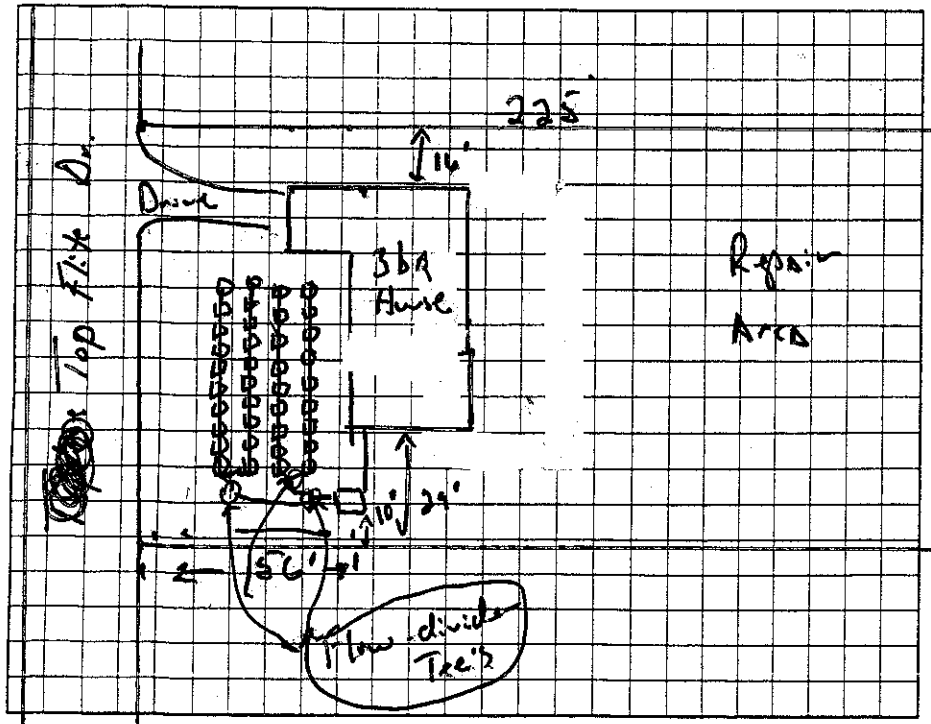
Water Supply: ☐ Individual ☑ Public ☐ Community

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

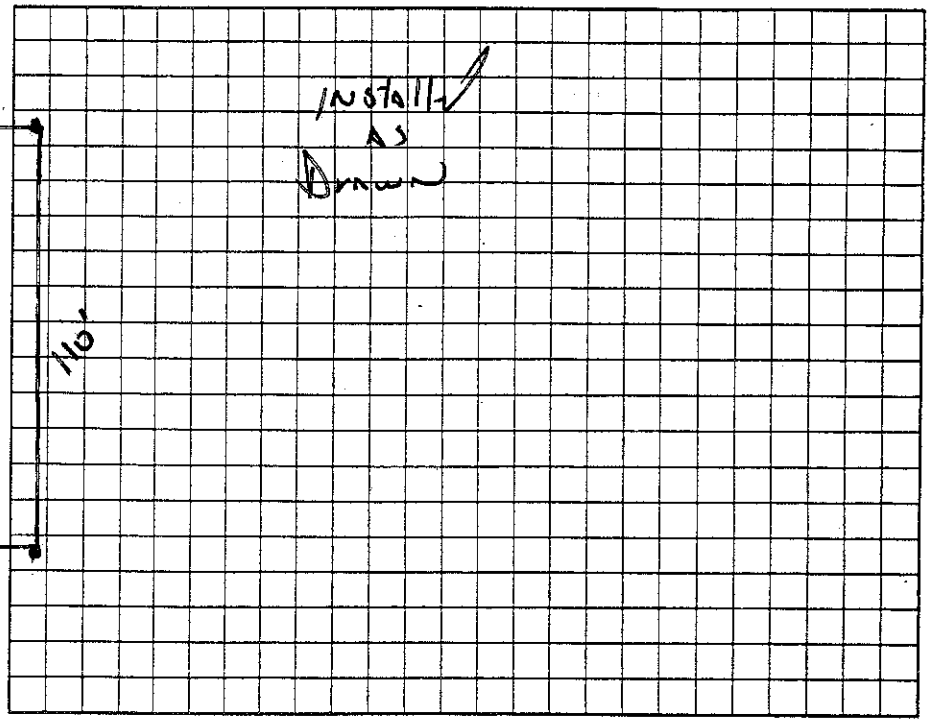
Comments:/Conditions: Install 4b panels in 4 equal lengths / use 3 flow-divider tees / Follow contour / Honor all setbacks / Keep upslope as far as possible.

Comments:/Conditions: 5' NAD mark - Filter installed

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: Tony Marlow date ____ Installed by: Steve Jordan

Improvement Permit by: ____, R.S. date 14 March 07 Operation Permit by: ____, R.S. date 13 June 07

Authorization to Construct by: ____, R.S. date 14 March 07 Existing System Inspection by: ____ date ____

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