IREDELL COUNTY HEALTH DEPARTMENT

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

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

280.00 Paid

PERMIT# 117716 PIN# 4624066496 DATE 2-5-04

OWNER OR CONTRACTOR Mark Austin PHONE: Business (704) 363-3905 Home

ADDRESS 4010 Windswept Rd. Concord, NC 28027

LOCATION Brawley School Rd TR Tuskarora TR Balmoral on right (2nd house)

SUBDIVISION Craft BLOCK / SECTION 6a LOT 216 LOT AREA .8 Acre SITE CLASS 3 PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/23/04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity to 25% Reduction
Repair System Description: Pump to Panel Block
Maintenance Agreement Required: ☐ Yes ☐ No

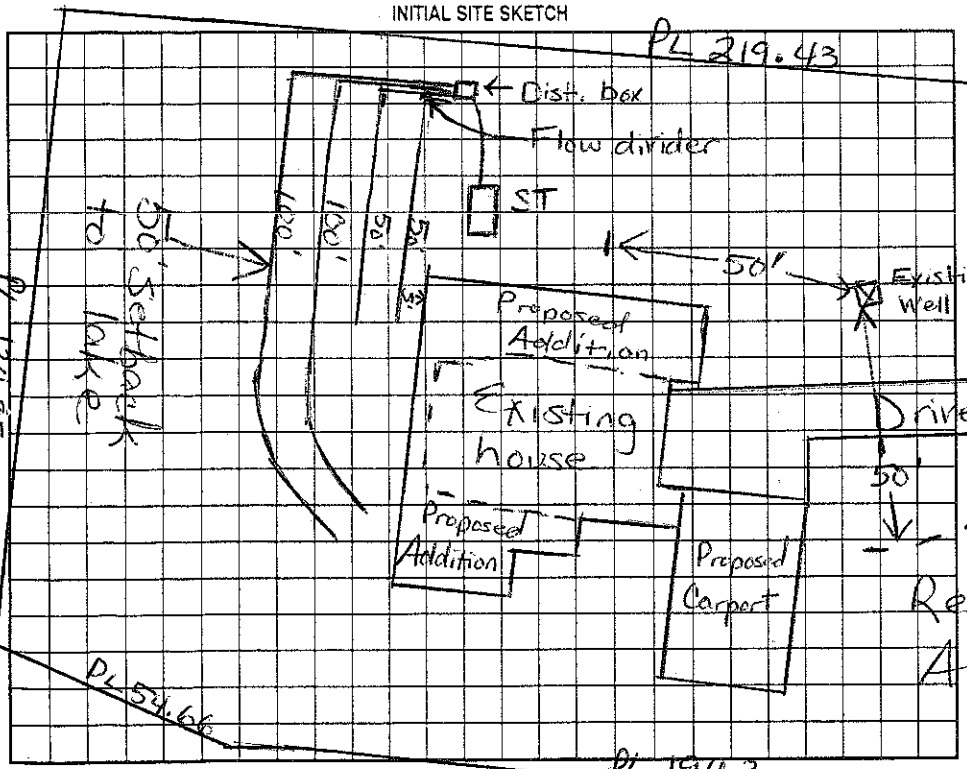
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3 No. Employees
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

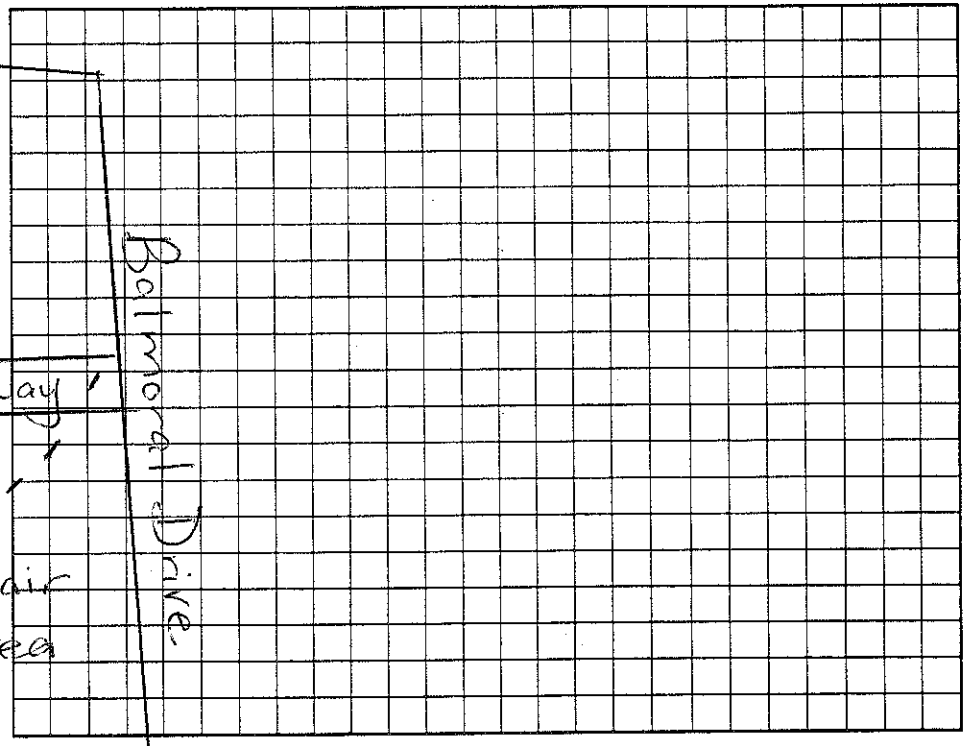
Comments:/Conditions: Keep Septic System at least 10' From ~~Lot~~ property line, 50' from lake & 50' From any well. Use distribution box & then flow divider on shorter 2 lines

Comments:/Conditions:

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: date 2/5/04

Improvement Permit by: Maria H. Dotson RS date 2/5/04

Authorization to Construct by: Maria H. Dotson RS date 2/5/04

Installed by: Thomas Bradley

Operation Permit by: Wesley Sparks RS date 6/30/04

Existing System Inspection by: date

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