IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078446 PIN# 4625 90 8104

OWNER OR CONTRACTOR Sandra Martes

ADDRESS 189 Yacht Rd. Mooresville, NC. 28117 PHONE: Business ______ DATE 1/11/99

LOCATION 1100, TL Yacht Rd. TL Yacht Cove to lot on (L) before cul de sac Home 660-0552

SUBDIVISION Yacht Cove BLOCK / SECTION ______ LOT 17 LOT AREA .68Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 7/26/99

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1005 Linear Feet 335

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth SAND

[X] New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity - 16" PPBS

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ______

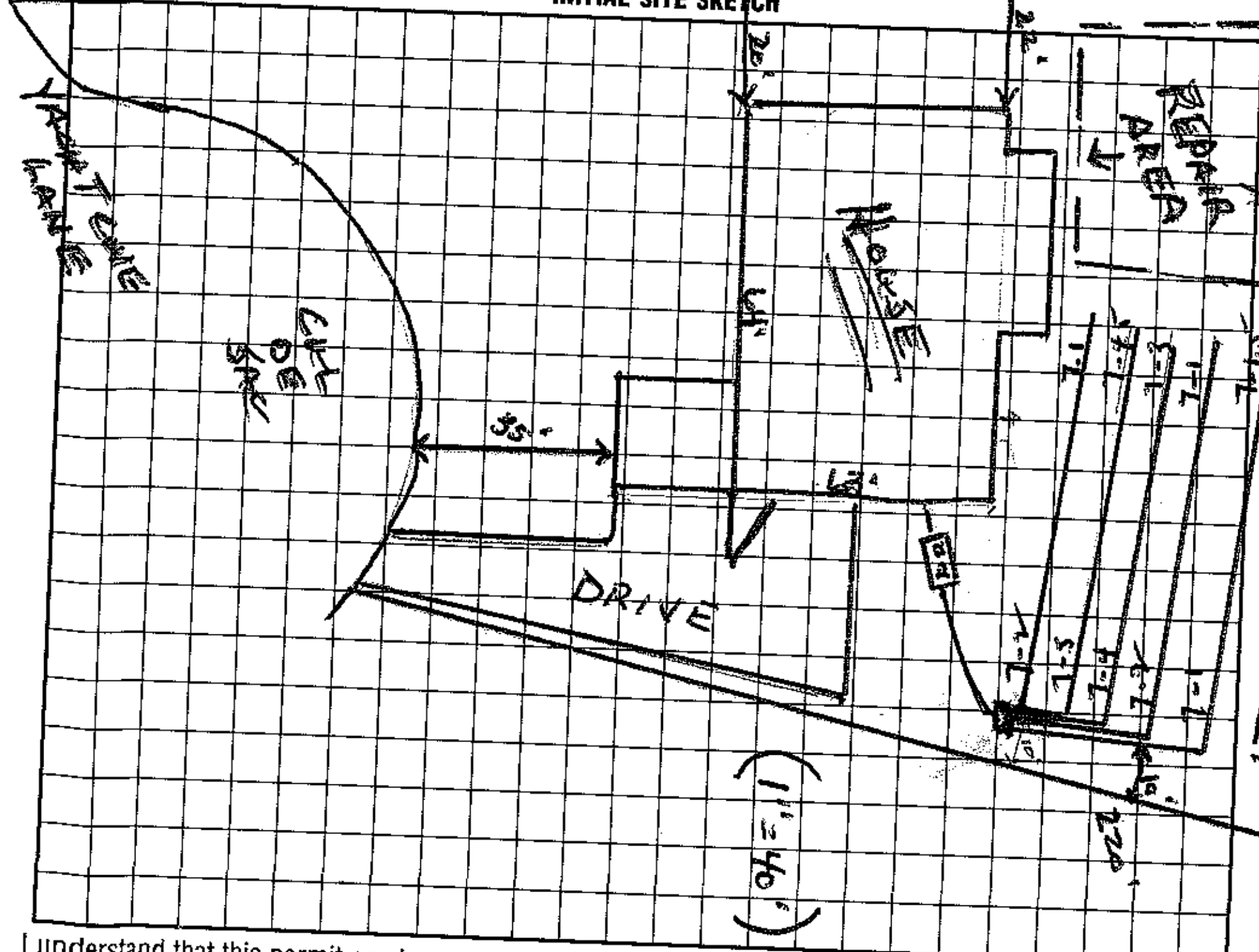
Water Supply: [X] Individual ☐ Public ☐ Community

☐ Slab [X] Crawl Space [X] 1/2 Basement w/plumbing ☐ Basement wo/plumbing

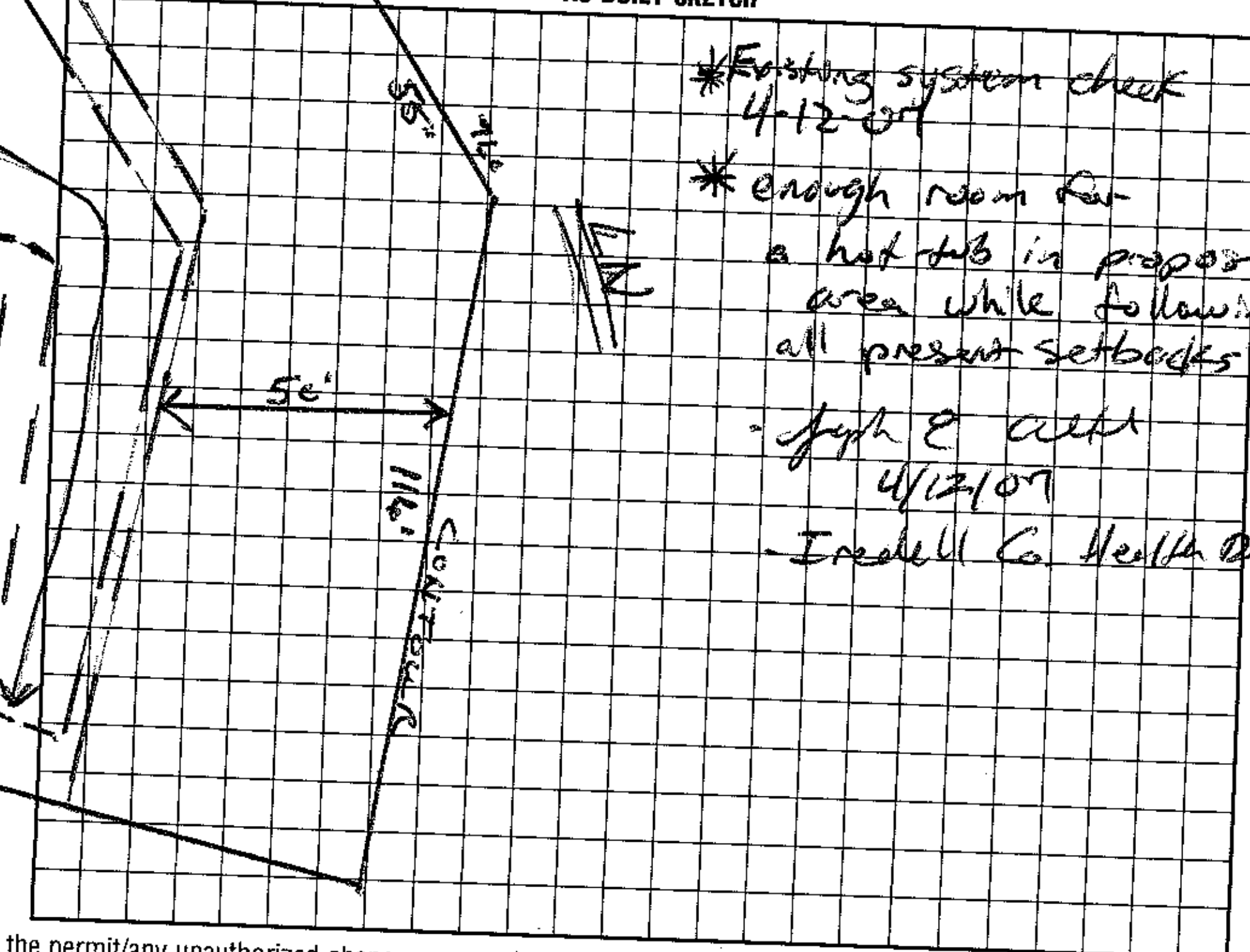
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: *[signature] date 1-14-99

Improvement Permit by: ______ date ______

Authorization to Construct by: [signature] RS. date 1/11/99

Installed by: TW AMMONS

Operation Permit by: [signature] RS. date 1/7/00

Existing System Inspection by: ______ date ______

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