IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134374 PIN# 4626637363 DATE 3/30/06

OWNER OR APPLICANT ~~Martin~~ Same Tpk PHONE: Business 662-8625 Home 582-9219

ADDRESS 105 D Denver Business Pk Mooresville, NC 28115

LOCATION Brawley School Rd TR Southfork TL Freshwater on right

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 201 LOT AREA .79 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Existing

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth N/A ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity-EZ Flow

Repair System Description: LPP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

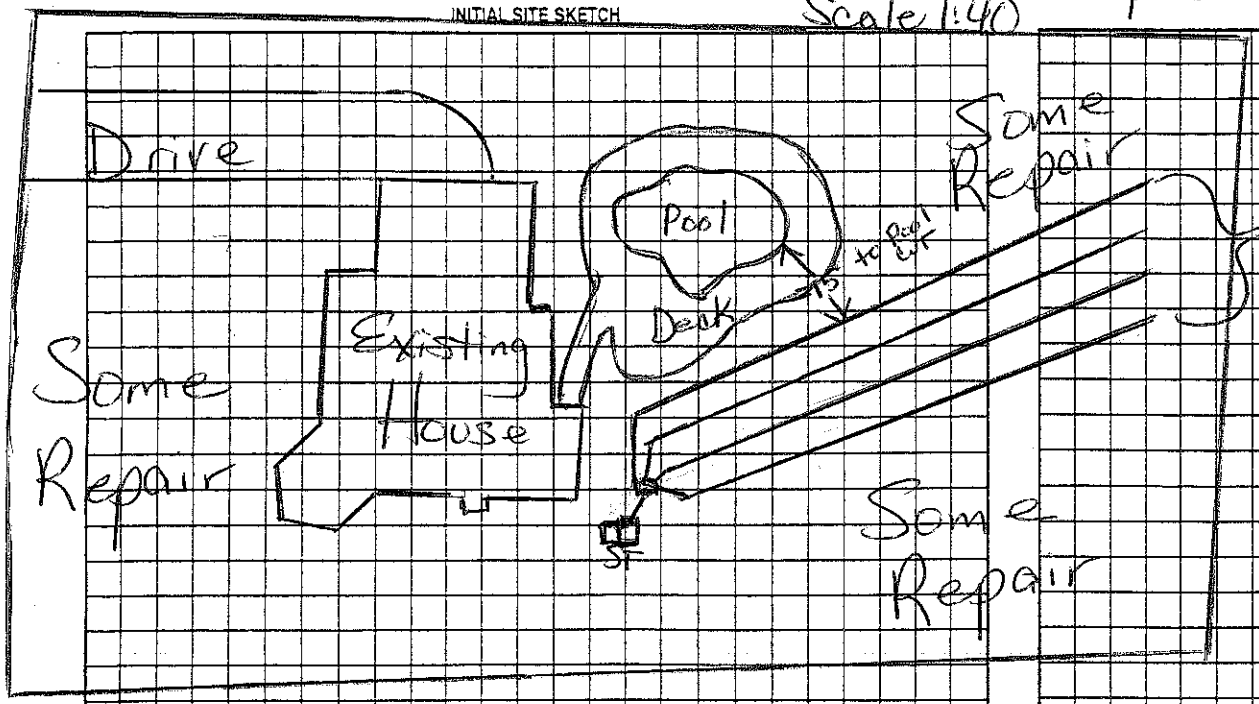
Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

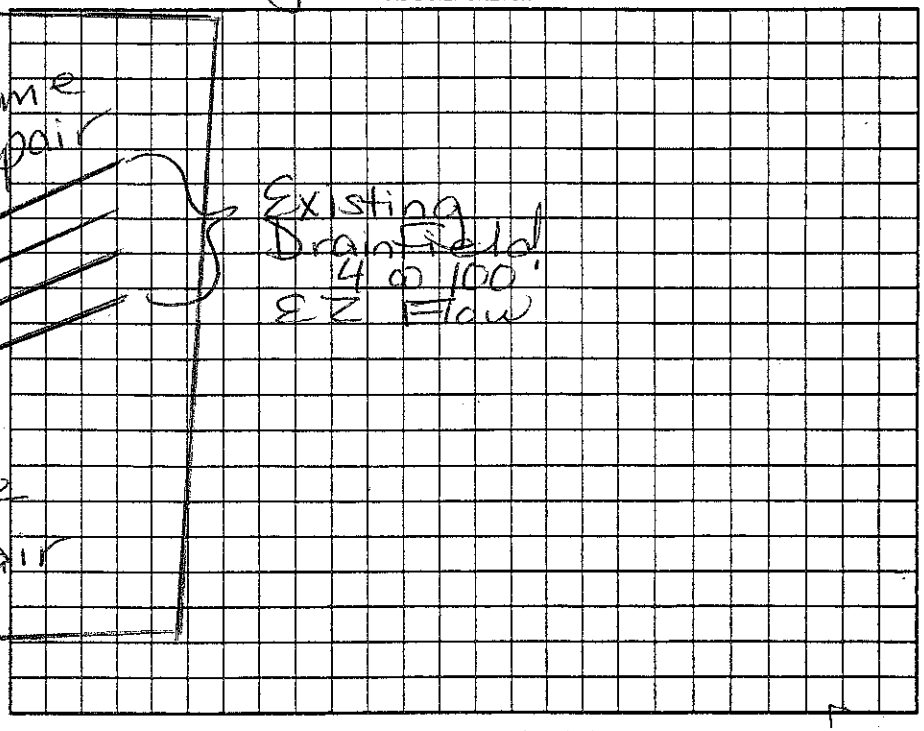
Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection

Comments/Conditions: ~~N/A~~ Must Keep Pool Cut at least 15Ft from Drainfield, Keep Pool "Deck" off Septic System

INITIAL SITE SKETCH Scale 1:40



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 4/3/06 Installed by: _____

Improvement Permit by: Myra H Dotson RS date 3/30/06 Operation Permit by: _____ date _____

Authorization to Construct by: Myra H Dotson RS date 3/30/06 Existing System Inspection by: Myra H Dotson date 3/30/06

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