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 Cell Tom DATE 3/30/06

OWNER OR APPLICANT ~~Martin~~ Same MF 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"

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

System Description: 3x33 in a Gravity-EZ Flow

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

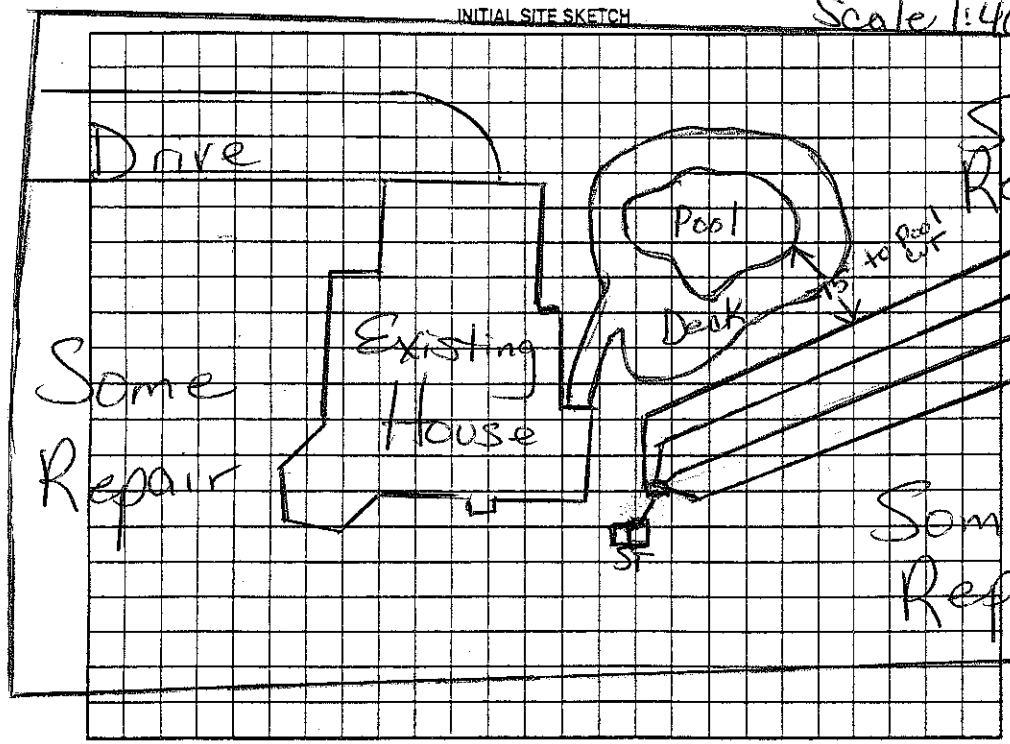
Water Supply: ☐ Individual ☒ Public ☐ Community

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

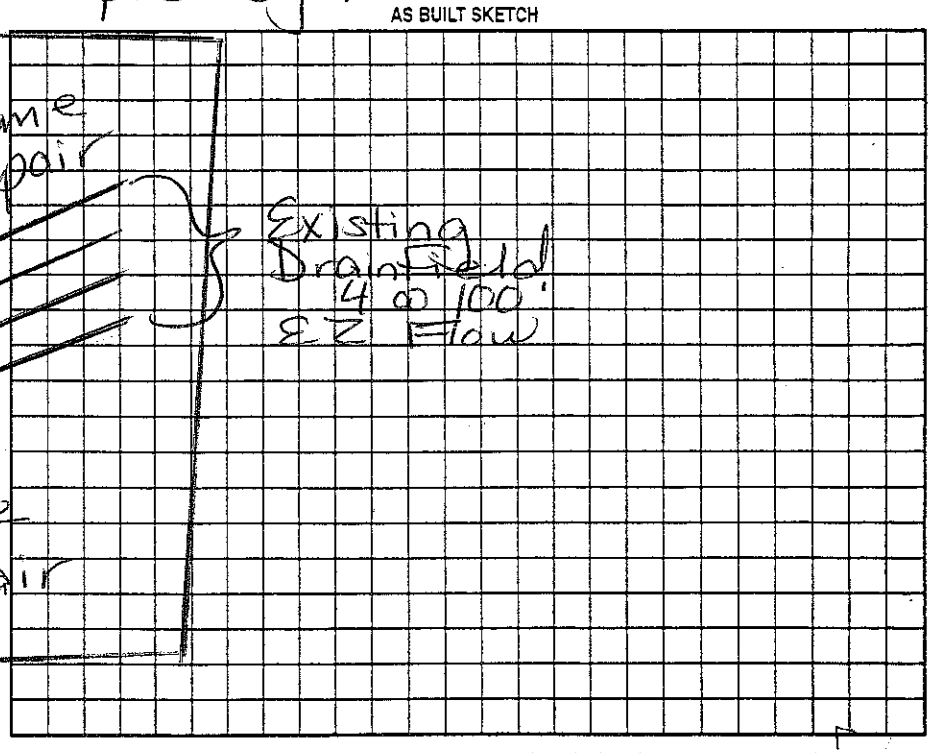
Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection

Comments:/Conditions: ~~AA~~ Must Keep Pool Cut at least 15Ft from Drainfield, Keep Pool "Deek" 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: [signature] 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