IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 250.00 Paid MOORESVILLE 704-664-5281 300-330

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

PERMIT# 102837 PIN# 4627 41 8545 DATE 12/13/01

OWNER OR CONTRACTOR Thomas + Tammy Marr, PHONE: Business _____ Home 704-799-0641

ADDRESS 113 Charter Place Mooresville, NC. 28117

LOCATION 1100 TR McKendree TR Digh Circle, R fork, TR Charter Place, 1st house on (L)

SUBDIVISION CL+T BLOCK / SECTION B LOT 377 LOT AREA 2.7 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: Add - EZ FLOW OR CH. PLASTR

Repair System Description: Type 4 System

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

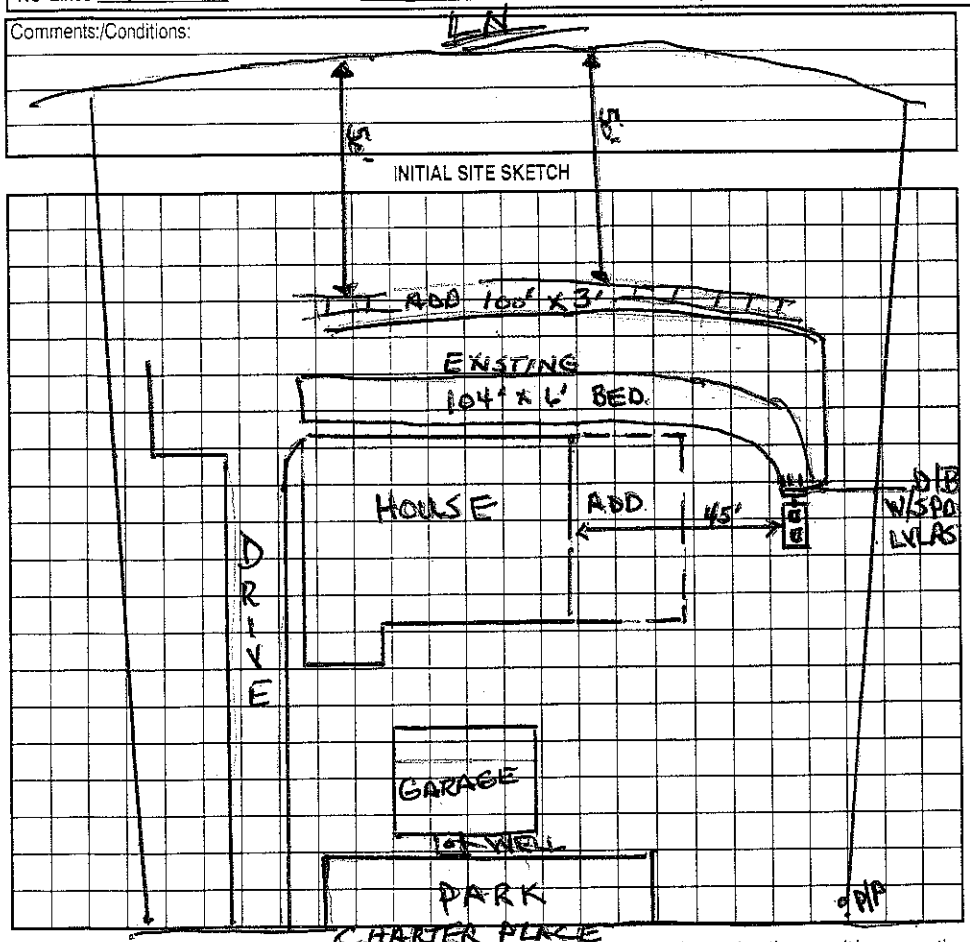
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Adding Master Bedroom suite to this house. Type 3 drainfield material to be added.

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: * Marr date 1-16-02 Installed by: Richard Abernathy

Improvement Permit by: Wesley Sparks R.S. date 12/14/01 Operation Permit by: Wesley Sparks R.S. date 1/22/02

Authorization to Construct by: Wesley Sparks R.S. date 12/14/01 Existing System Inspection by: _____ date _____

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