# IREDELL COUNTY HEALTH DEPARTMENT

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

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

250.00 Paid ~~(400)~~ 10-2

PERMIT# 102365 PIN# 4627-72-6412 DATE 10/31/01

OWNER OR CONTRACTOR Neal Martin PHONE: Business Home 704-662-9128

ADDRESS 140 Honey Suckle Ln Mooresville NC 28117

LOCATION Brawley Sch, TR Blume, TL Beaten Path, TL Cicero, TL Shavender, TR Beaten Path, TL Honey Suckle, on RT

SUBDIVISION CLAJ BLOCK / SECTION 9 LOT 44 LOT AREA 0.68 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: ~~750~~ Existing Gallons; Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 780 Linear Feet 260

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduct.

Repair System Description: Pump Panel

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

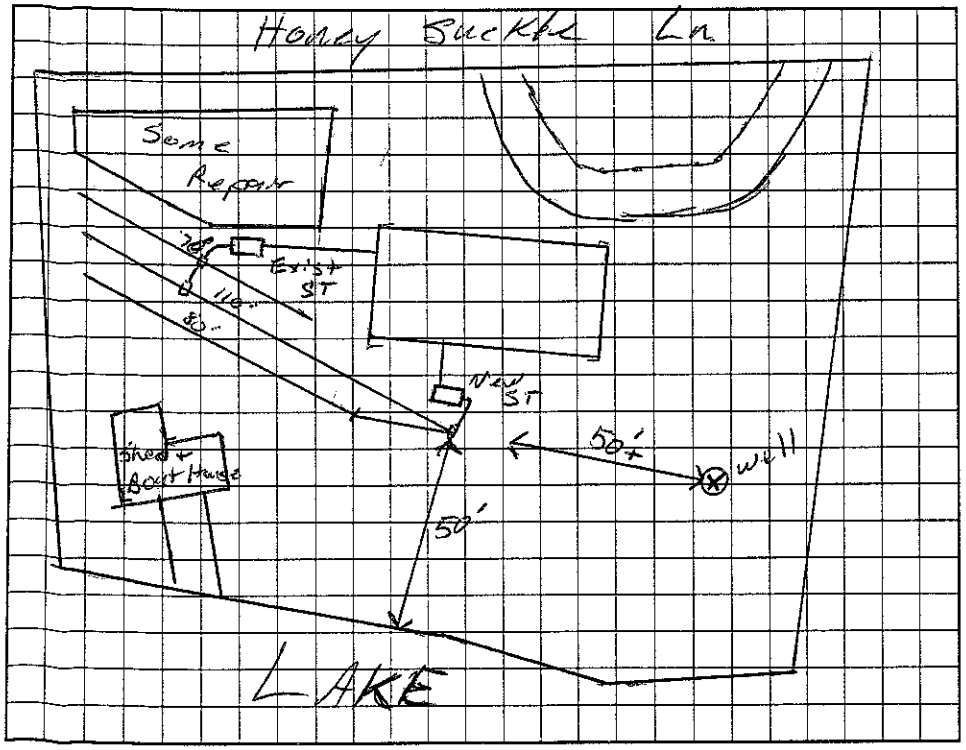
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

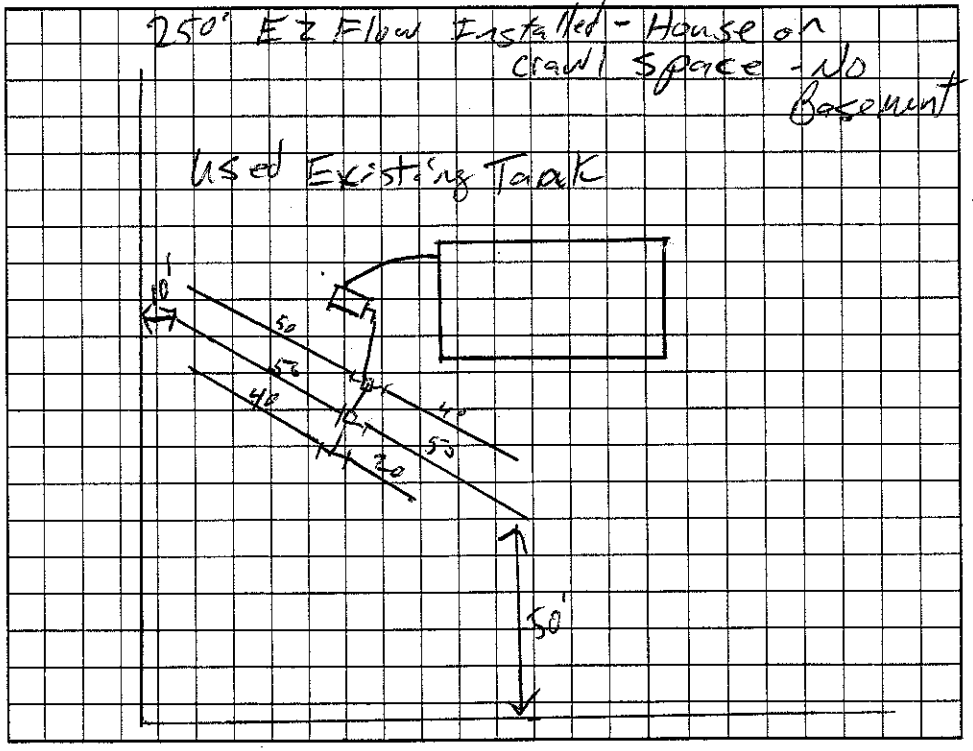
Comments:/Conditions: Upper floor to feed existing Septic Tank - Basement to feed New Septic Tank

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: Mary S Martin date 11/5/01

Improvement Permit by: RSI date 10/31/01

Authorization to Construct by: RSI date 10/31/01

Installed by: A-1 Backhoe

Operation Permit by: LS date 7/24/02

Existing System Inspection by: date

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