IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC.

PERMIT# 107344 PIN# ~~4627907412.302~~ 4627905351 DATE 10/29/02

OWNER OR CONTRACTOR MARK FAULKENBERRY PHONE: Business 799-6542 Home

ADDRESS 683 BEATEN PATH MOORESVILLE, NC 28117

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL CICERO - TL SHAVENDER - TL PALMER MARSH ON RT

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION 3 LOT 302 LOT AREA 1.68AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 1.35 ~~ac/ft²~~

Septic Tank: 1000 Gallons; STB 312 Date 4/27/03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY INNOVATIVE/256

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

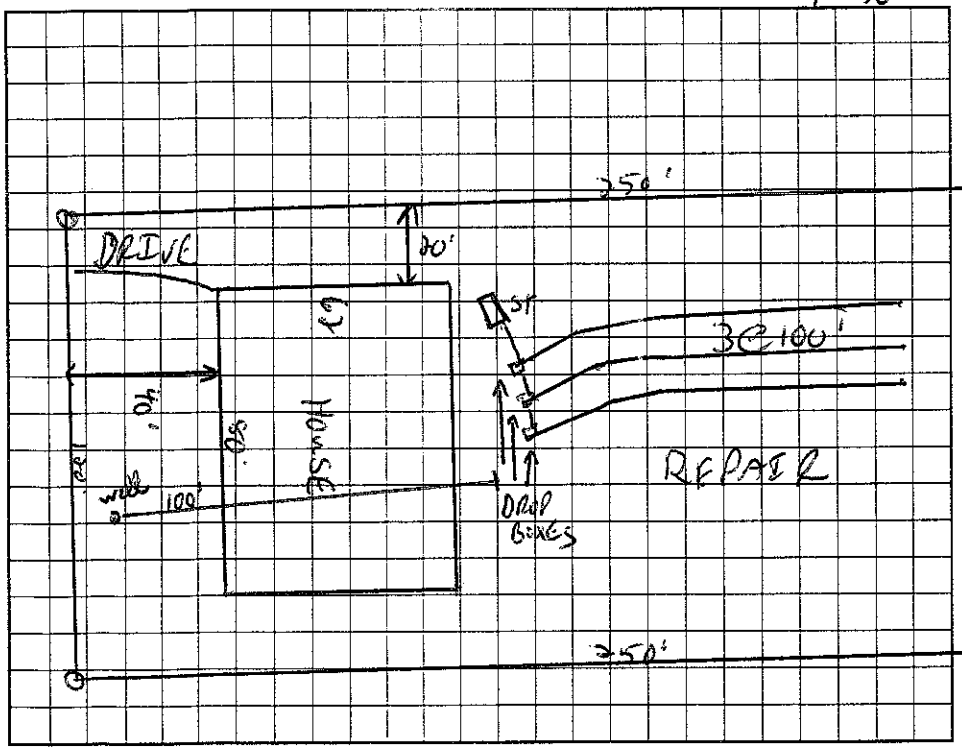
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

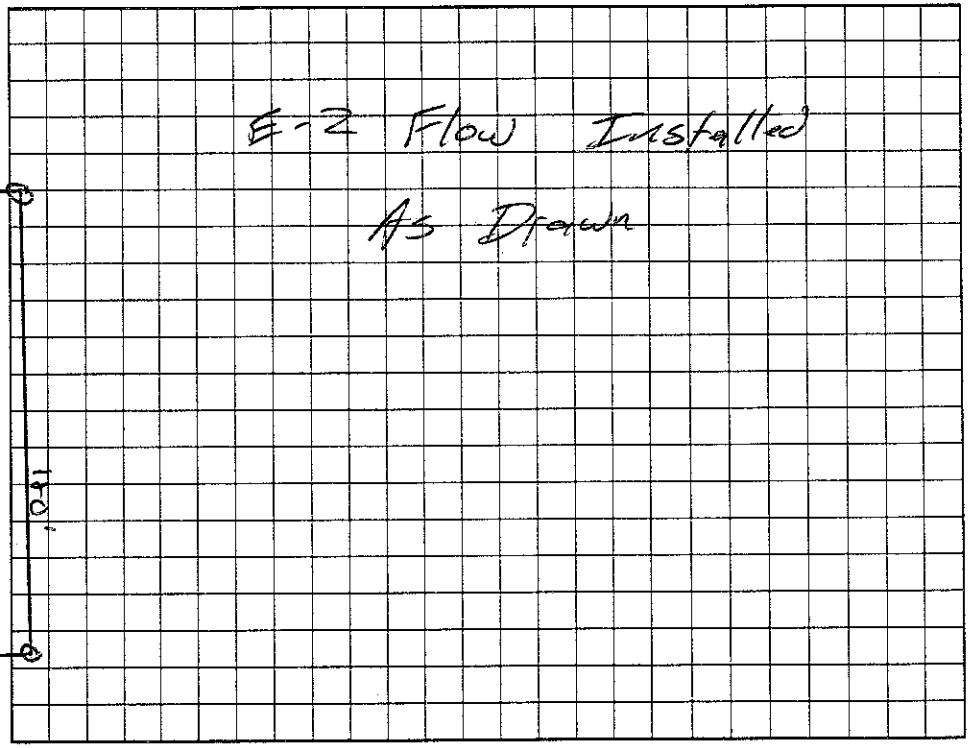
Comments:/Conditions: THIS PERMIT REPLACES PERMIT ISSUED - 8/19/02

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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: Mark Faulkenberry date 10/29/01 Installed by: Kids Const.

Improvement Permit by: [signature] date 10/29/02 Operation Permit by: [signature] date 6/24/03

Authorization to Construct by: [signature] date 10/29/02 Existing System Inspection by: ____ date ____

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