3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102827 PIN# 4636346762 DATE 9-28-07

OWNER OR APPLICANT Marc Builders PHONE: Business 704-226-8099 Home 704-948-1616

ADDRESS 170 Bayshore Loop

LOCATION Brawley Sch Rd TL Stutts TR Fairway at end on right

SUBDIVISION Fairway Estates BLOCK / SECTION ____ LOT 227 LOT AREA .5 Ac. SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 9-2-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 6@45' Trench Width 24" min. Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PPBPS gravity
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other ____

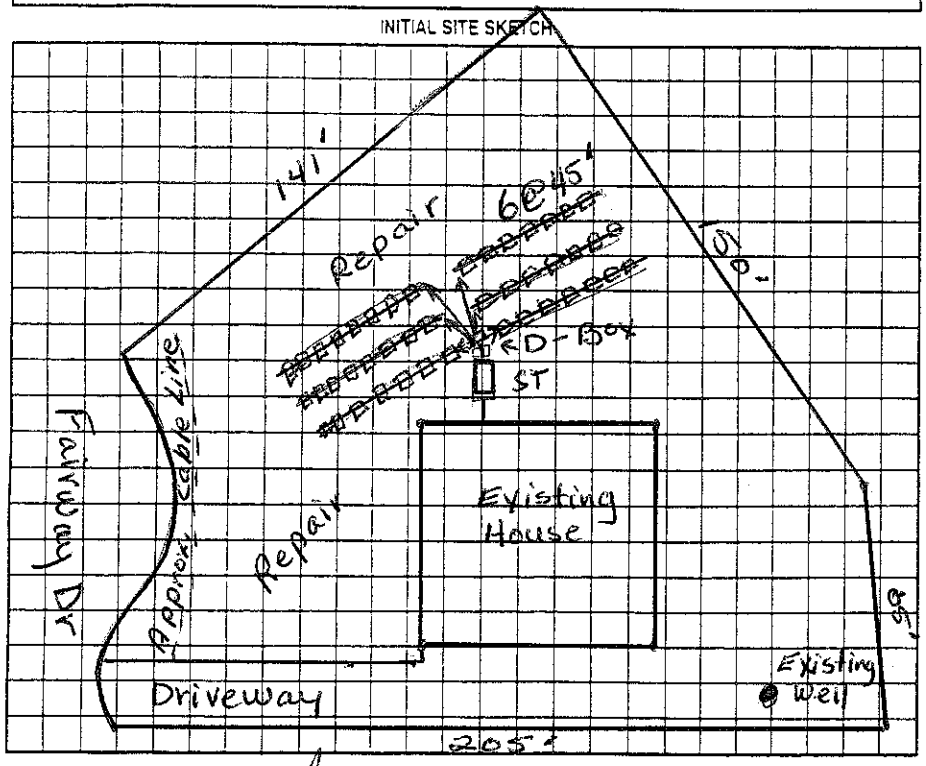
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

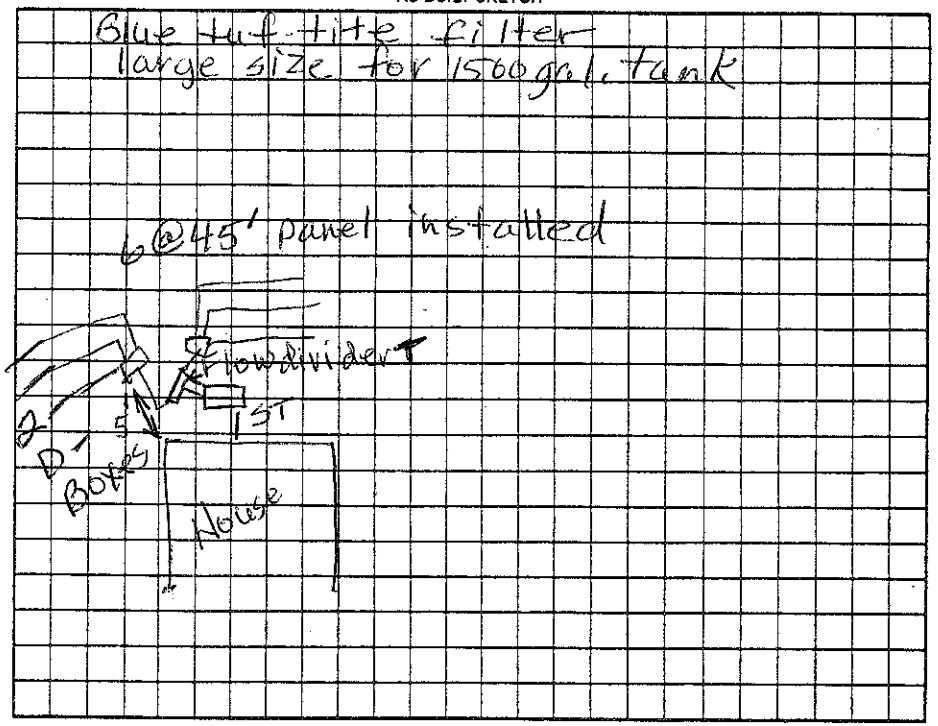
Comments/Conditions: D-Box w/ speed levelers
62 Panels
Tank + lines must be min. 5' from foundation

Comments/Conditions: owner requested gravity system

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: ____ date 10/01/07 Installed by: Rowan Septic

Improvement Permit by: Judy Melville date 9-28-07 Operation Permit by: Judy Melville date 10-11-07

Authorization to Construct by: Judy Melville date 9-28-07 Existing System Inspection by: ____ date ____

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