# IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct 4636506569 3.00

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25969 DATE 2/24/97 TAX MAP NO. 4636506569 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR ~~Kenneth Marsh~~ Max Spears PHONE: Business _____ Home 375-8933

ADDRESS 2329 #2 Rachel St. Charlotte, NC. 28206

LOCATION 1100 TL Statts Rd. TR Marina Lane, 2nd lot on (L)

SUBDIVISION Commodore BLOCK / SECTION _____ LOT 243 LOT AREA .27 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 6/2/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: Cham. Plastic *

Repair System Description: 16" PPBS

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 1.5

[ ] Business No. Employees _____

[ ] Other _____

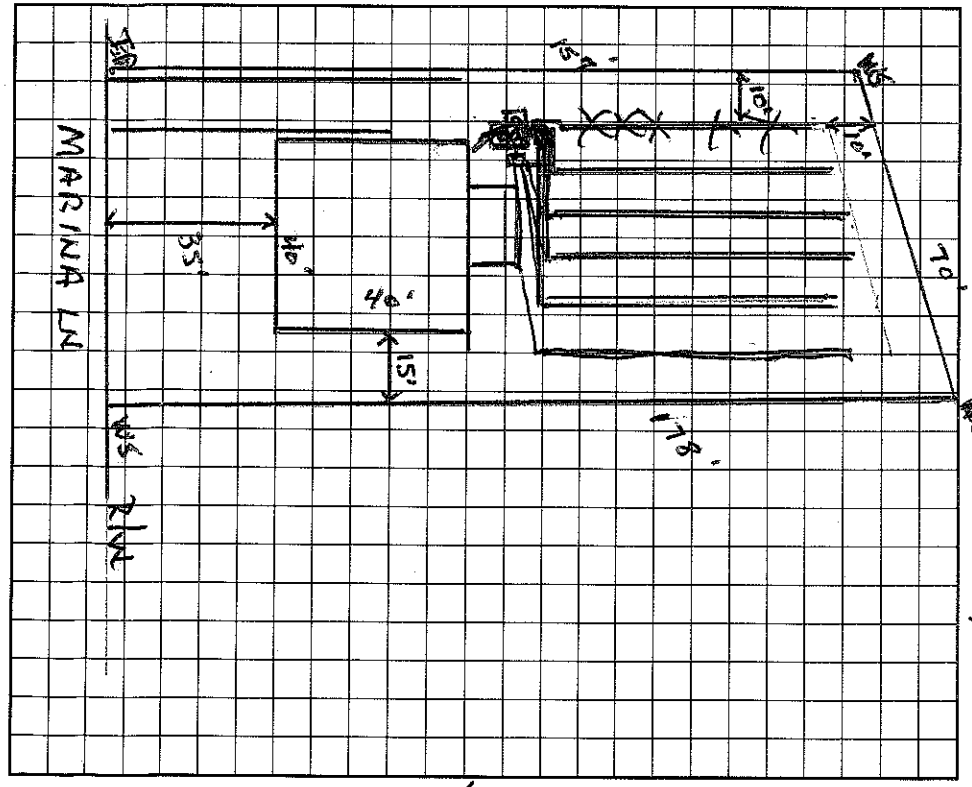
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Community [X] Public

Comments: 10" sections get 25% reduction of required drainfield area. Platted before 1 Jan 83 10% repair area waived.

Comments:

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**

I understand that this 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 is valid for 60 months from date of issuance.

Signed: X _____ 3-29-00

Improvement Permit by: Wesley Sparks R.S. date 2/24/97

Existing System Inspection by: ~~Wesley Sparks R.S.~~ date 2/24/97

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 2/7/01

Operation Permit by: _____ date _____

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