IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102022 PIN# 4637-00-6394

OWNER OR CONTRACTOR DAVID T. MARTIN INC DATE 8-11-04

ADDRESS POB 6165 STATESVILLE 28687 PHONE: Business (704) 201-9690 Home (704) 202-9595

LOCATION BRAWLEY SCHOOL RD TR BLUME TL BEATEN PATH TL VISTA BLUFF LOT AT END OF CUL-DE-SAC

SUBDIVISION VISTA BLUFF BLOCK / SECTION ____ LOT 7 LOT AREA 30938 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3 ON RM

Septic Tank: 1000 Gallons: STB 794 Date 11/2/05

Pump Tank: 1000 Gallons: PT 783 Date 11/4/05

Pump Make: Zoeller Model N152 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 250

No Lines 4 Trench Width 24 Max Trench Bottom Depth 36 Gravel Depth 2' SAND

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

System Description: PANEL LPP. 50% RED

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

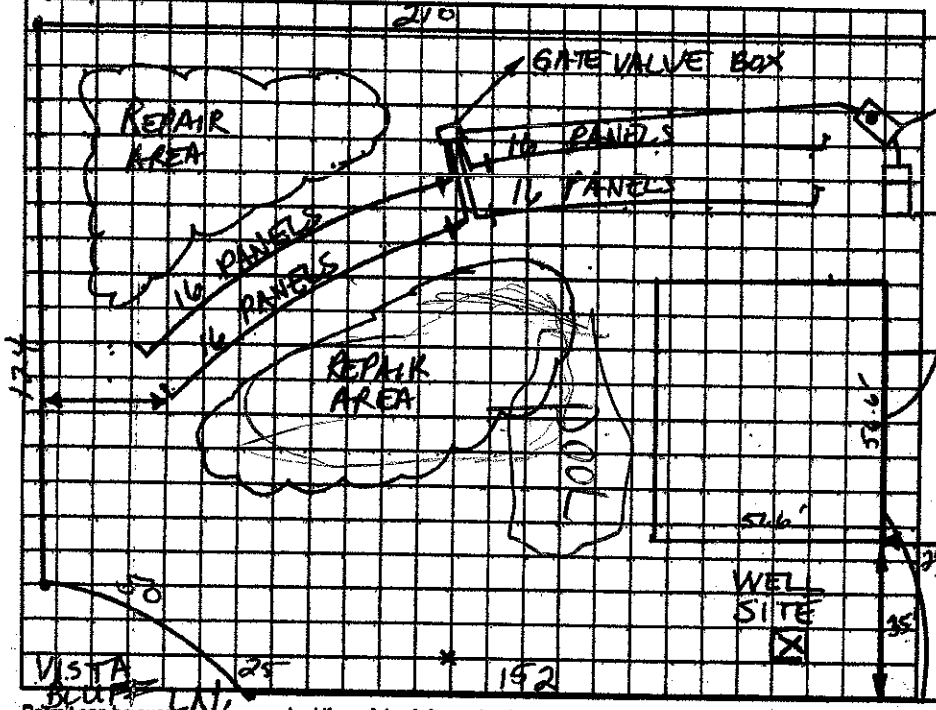
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: (1) TOTAL 64 PANELS REQD (2) RAKE/LIME TRENCHES (3) MAINT SETBACKS (4) MAINT CONTRACT REQD.

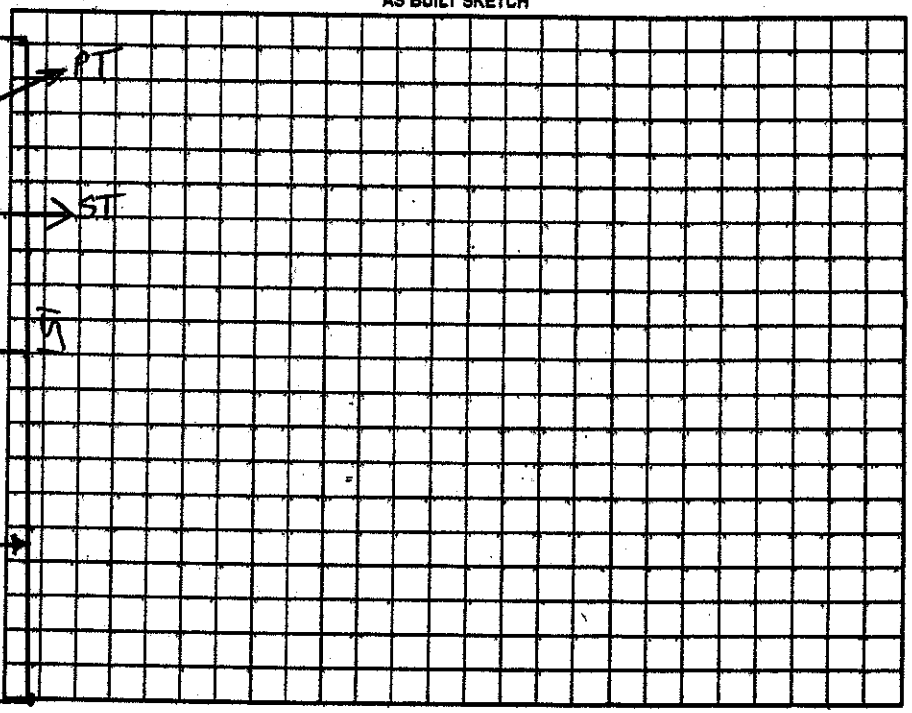
Comments/Conditions:

SCALE 1"=40'

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: David T Martin date 8/12/04

Improvement Permit by: [signature] RS date 8-11-04

Authorization to Construct by: [signature] RS date 8-12-04

Installed by: Larry Bean

Operation Permit by: [signature] RS date 3/8/05

Existing System Inspection by: ____ date ____

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