IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 102017 PIN# 4637-00-8794 DATE 7-30-04

OWNER OR CONTRACTOR DAVID T. MARTIN, INC PHONE: Business (704) 201-9690 Home (704) 202-9595

ADDRESS P.O. BOX 6105 STATESVILLE NC 28687

LOCATION BRAWLEY SCHOOL RD. (R) BLUME (L) BEATEN PATH (L) VISTA BLUFF 1ST LOT ON LEFT

SUBDIVISION VISTA BLUFF BLOCK / SECTION ____ LOT 2 LOT AREA 0.69 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 5/18/05

Pump Tank: 1000 Gallons; PT 283 Date 9/25/04

Pump Make: GOULDS Model WE0-512HN Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

No Lines 5 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: PUMP 50% RED, PM

Repair System Description: 50% REDUCTION, LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

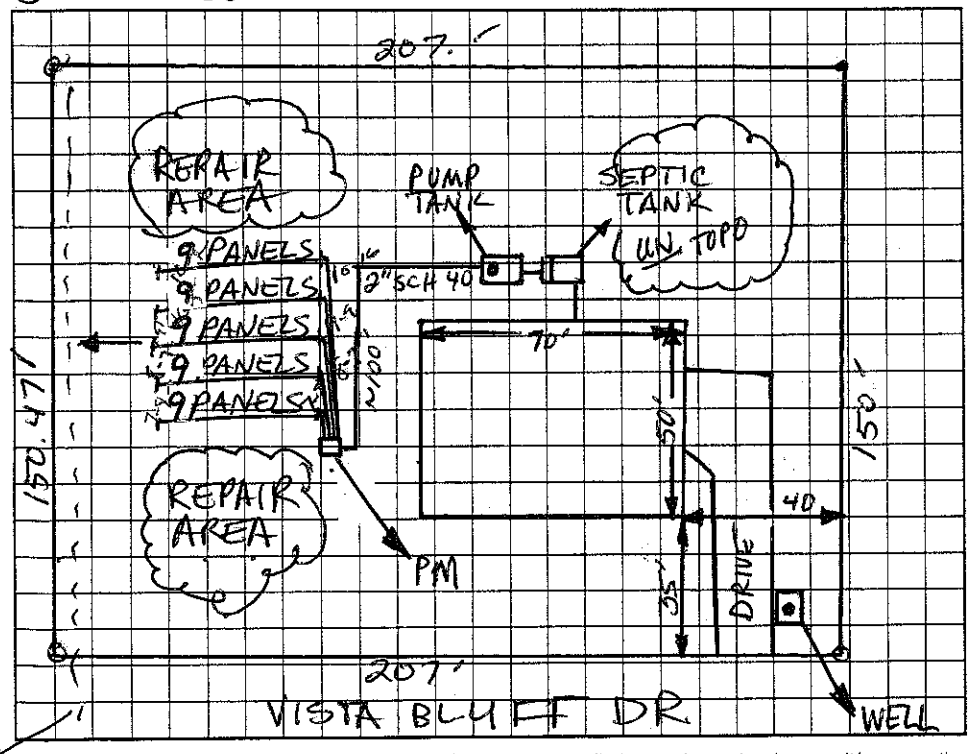
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions (1) TOTAL 45 PANELS (2) INSTALL ON CONTOUR (3) MAINTAIN SETBACKS

Comments:/Conditions:

SCALE 1" = 50'

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 Martin date 8/11/04 Installed by: Larry Beam

Improvement Permit by: Christopher M. Shuler RS date 7-30-04 Operation Permit by: D. Wesley Sparks RS. date 8/16/05

Authorization to Construct by: Christopher M. Shuler RS date 7-30-04 Existing System Inspection by: ____ date ____

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