IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 pd 9/30 MOORESVILLE 704-664-5281 1 3rd LBeam

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

PERMIT# 102009 PIN# 4637-00-8994 DATE 7-30-04

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

ADDRESS PO BOX 6105 STATESVILLE 28687

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

SUBDIVISION VISTA BLUFF BLOCK / SECTION ____ LOT 1 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 9/19/04
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
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: GRAVITY 50% REDUCTION
Repair System Description: 50% REDUCTION LPP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

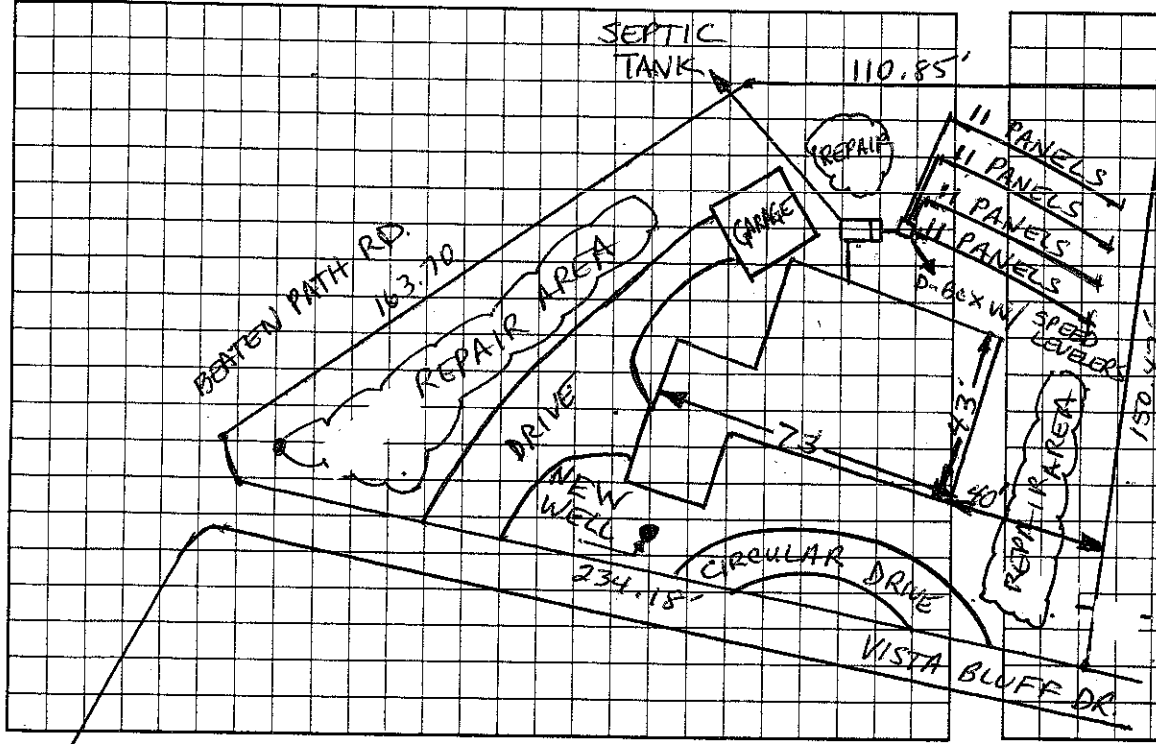
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) INSTALL ON CONTOUR (2) SMOOTH OUT TOPO (3) RAKE & LIME TRENCH WALLS (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 T Martin date 7/30/04 Installed by: Larry Beam

Improvement Permit by: Christopher M Shuler RS date 7-30-04 Operation Permit by: Gary Munn RS date 10/27/04

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