4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# REPAIR 4637806627 DATE 2/10/98

OWNER OR CONTRACTOR MARK NEEDAM PHONE: Business _____ Home 663-6487

ADDRESS _____

LOCATION BRAWLEY SCHOOL RD - TR PROMENADE JUST PAST D & C MART

SUBDIVISION PENINSULA PL BLOCK / SECTION _____ LOT 3 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36PD/FT2

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: GRAVITY CHAMBERDOR 1105

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2+2

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☑ Other DUPLEX

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

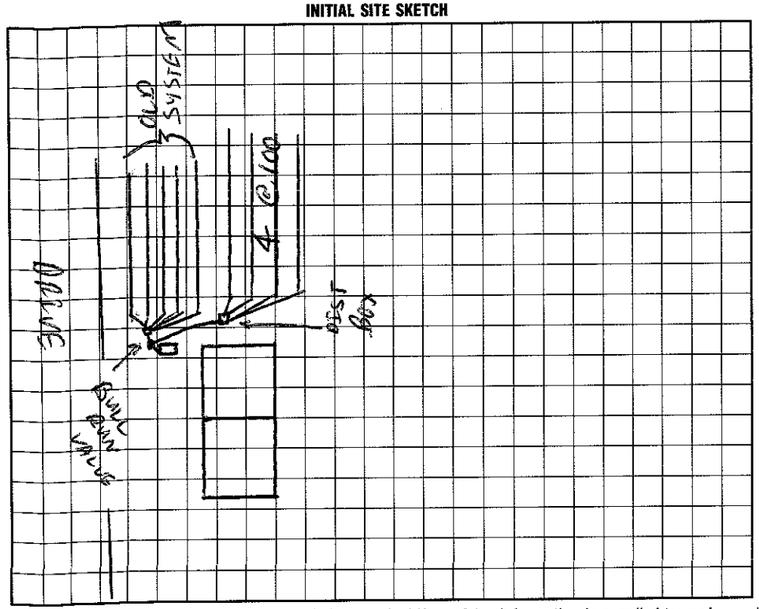
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

30 @ 133'x3'

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 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: Mark Needam date 2/10/98 Installed by: F J Erwin

Improvement Permit by: [signature] RS date 2/10/98 Operation Permit by: Wastewater Specialists date 2/25/98

Authorization to Construct by: [signature] RS date 2/16/98 Existing System Inspection by: Wastewater Specialists date 2/25/98

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

IREDELL COUNTY HEALTH DEPARTMENT

13081 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mark L Needham DATE 10/4/91 PERMIT NO 2K-21-A-7

PHONE: Business _____ Home 663-7274

LOCATION Brawley School, TR just past D&S Mart, TL on dirt to last building on (R) S. R. No. 1100

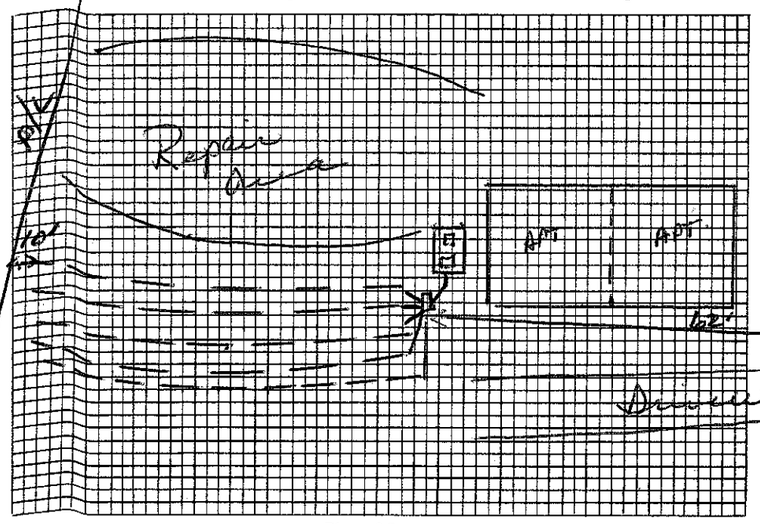
SUBDIVISION NAME Peninsula Place LOT NO. 3 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) ✓ Other 2 - 2BDRM APTS.

No. Bedrooms 2/2 No. Bathrooms 2/2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 30,000 FT²

Character & Porosity of Soil P & C - (sl, ss)
Percolation Rate .3
Topography 2-3%
Depth to Water Table >48"
Rock or other impervious formations None found

Basement with Plumbing ____ Basement without Plumbing ____ ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5 @ 110' x 3'
Sq. Ft. 1600 Linear Ft. (530)
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Ray Beam

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 10/8/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold