IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107958 PIN# 4638547480 DATE 6/13/05

OWNER OR CONTRACTOR Mark Mayerchak PHONE: Business 336-575-9695 Home

ADDRESS 756 Southwest Dr. Davidson NC 28036

LOCATION Perth N to Normandy Rd, to Outside lp. L corner lot

SUBDIVISION LNAP BLOCK / SECTION 1 LOT 55(9) LOT AREA ≤ 1.6Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 4/20/05

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3@100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: 2590 Reduced

Repair System Description: 16c

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

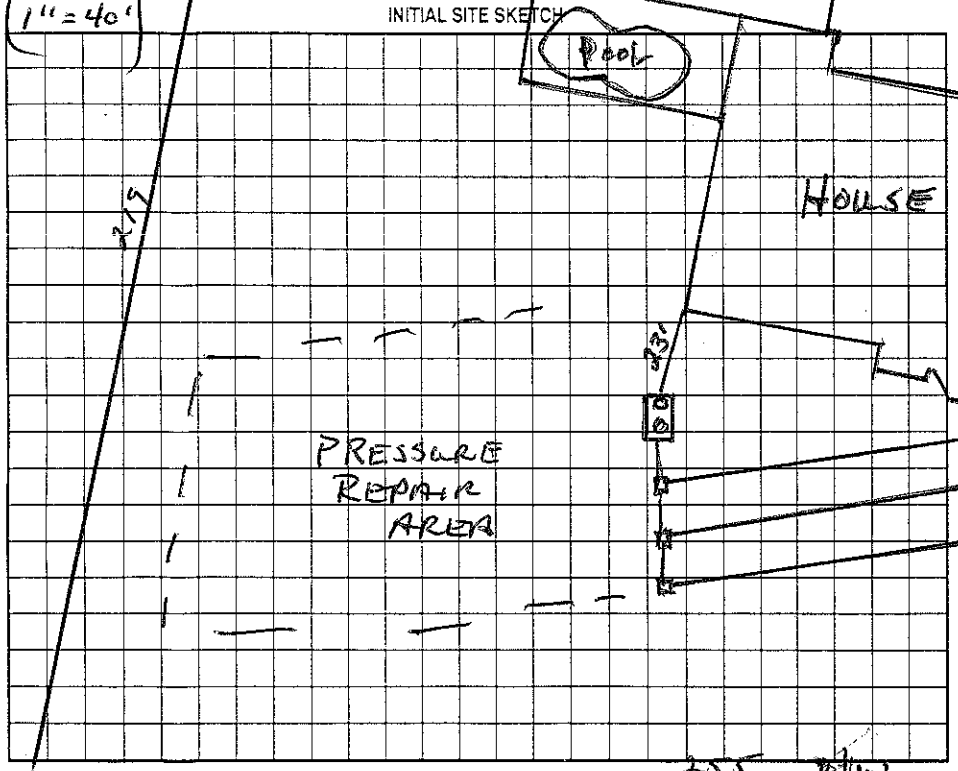
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: HANGAR

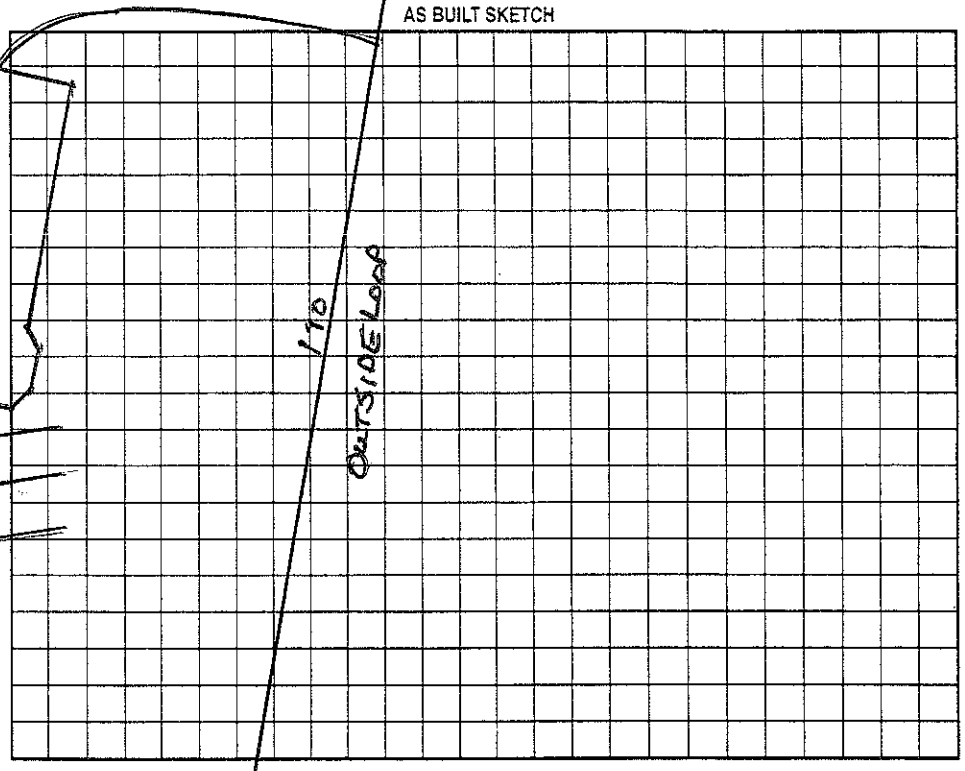
Comments:/Conditions:

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: _____ date _____ Installed by: Wayne Clontz

Improvement Permit by: _____ date _____ Operation Permit by: Wesley Sparks RS. date 6/13/05

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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