IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 04-136 PIN# 4638572602 (104849) Cell DATE 3-26-04

OWNER OR CONTRACTOR Donald Markoski PHONE: Business 662-2045 Home 662-0066

ADDRESS 123 Michigan Unit F Mooresville, NC 28117

LOCATION Perth Rd TL Stumpy Creek TL Collingswood TR Folkstone

SUBDIVISION Haustman BLOCK / SECTION ____ LOT 2 LOT AREA 1.4 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .30 @ 32"-60"

Septic Tank: 1000 Gallons; STB 1012 Date 9-16-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210'

No Lines 6 @ 35' Trench Width 36" Max Trench Bottom Depth 48"

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

System Description: Gravity - Panel Block

Repair System Description: Pump - LP - Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

Gravel Depth N/A

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

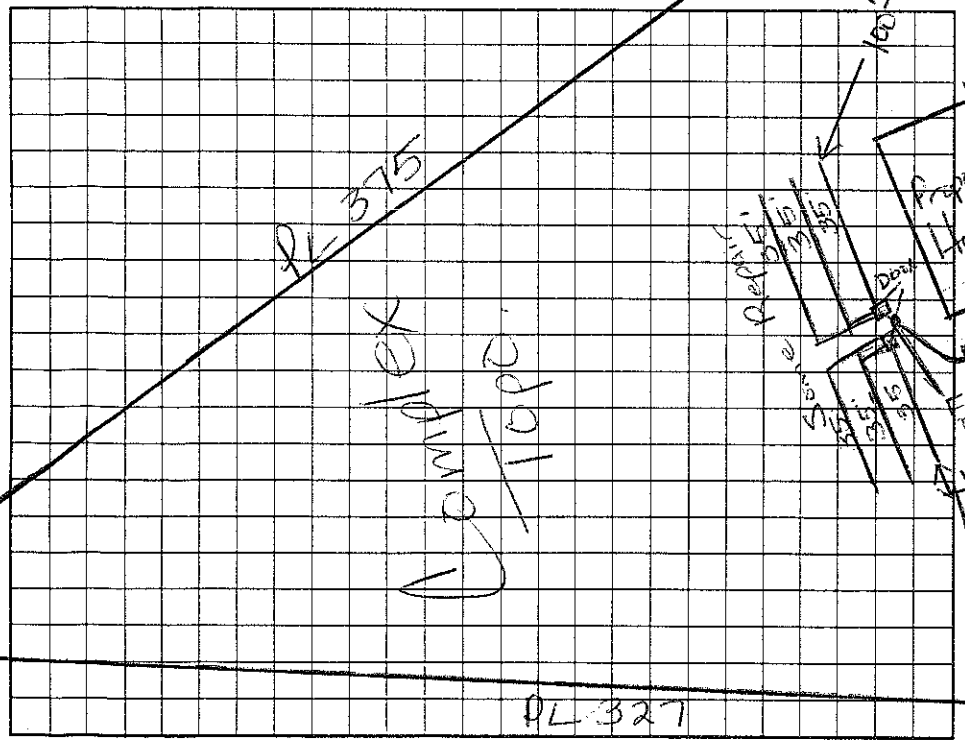
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

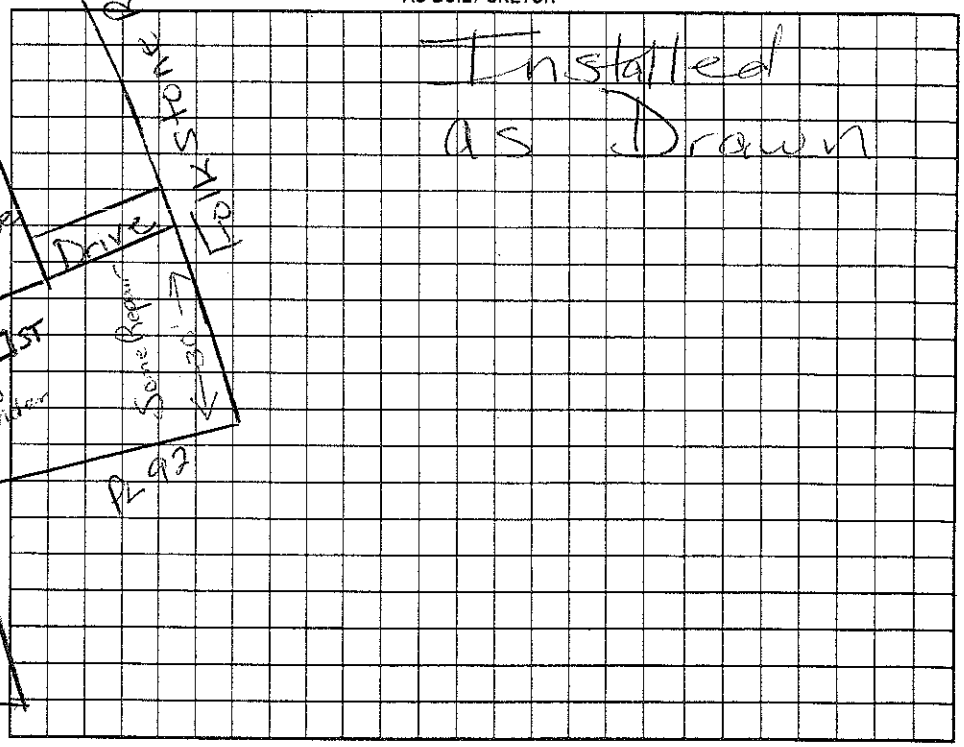
Comments/Conditions: ☆ Must keep Septic System 100' from well, due to Saprolite. Keep Septic System at least 10' from PL

Comments/Conditions: ☆ Install Drainlines at 40"-48" trench bottom. Distribution = Flow divider to 2 separate Yellow Filter installed D-boxes

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: Michael J. Rothman date 3/29/04 Installed by: Shane Jarrett RS

Improvement Permit by: Marian H. Dobson RS date 3/26/04 Operation Permit by: Marian H. Dobson date 4/5/04

Authorization to Construct by: Marian H. Dobson RS date 3/26/04 Existing System Inspection by: ____ date ____

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