IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Pd. MOORESVILLE 704-664-5281 330

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

PERMIT# 105906 PIN# 4639-13-7925 [redacted] DATE 4/9/02

OWNER OR CONTRACTOR Robert + Margaret Martins PHONE: Business _____ Home 704-685-9126

ADDRESS 175 Carriage Club Dr. Mooresville NC 28117

LOCATION Perth, TL Fern Hill, TR Bullfinch on RT

SUBDIVISION Beacon Point BLOCK / SECTION _____ LOT 2 LOT AREA 0.74 Ac SITE CLASS PS DESIGN FLOW ~~480~~ L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 1/2 Date 8-20-02
Pump Tank: 1000 Gallons; PT 1/1 Date 8-5-02
Pump Make: Goulds Model WE05111H Serial No. E025200
Nitrification Field: No. Fields 1 Square Feet 960 Linear Feet 320
No. Lines 4@80' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP Panel
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

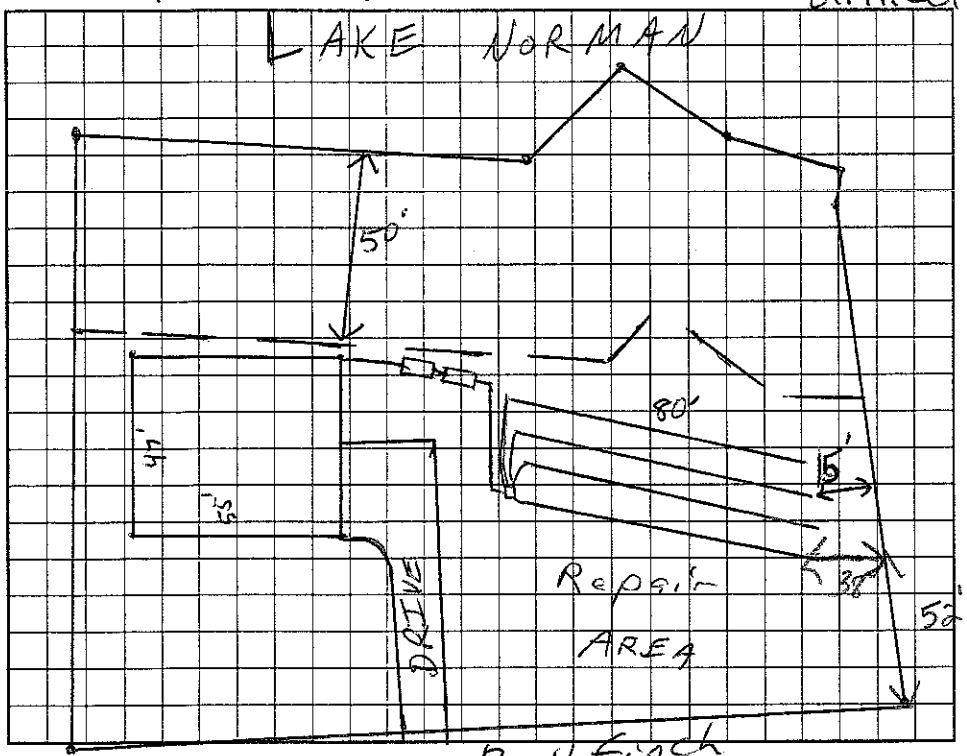
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

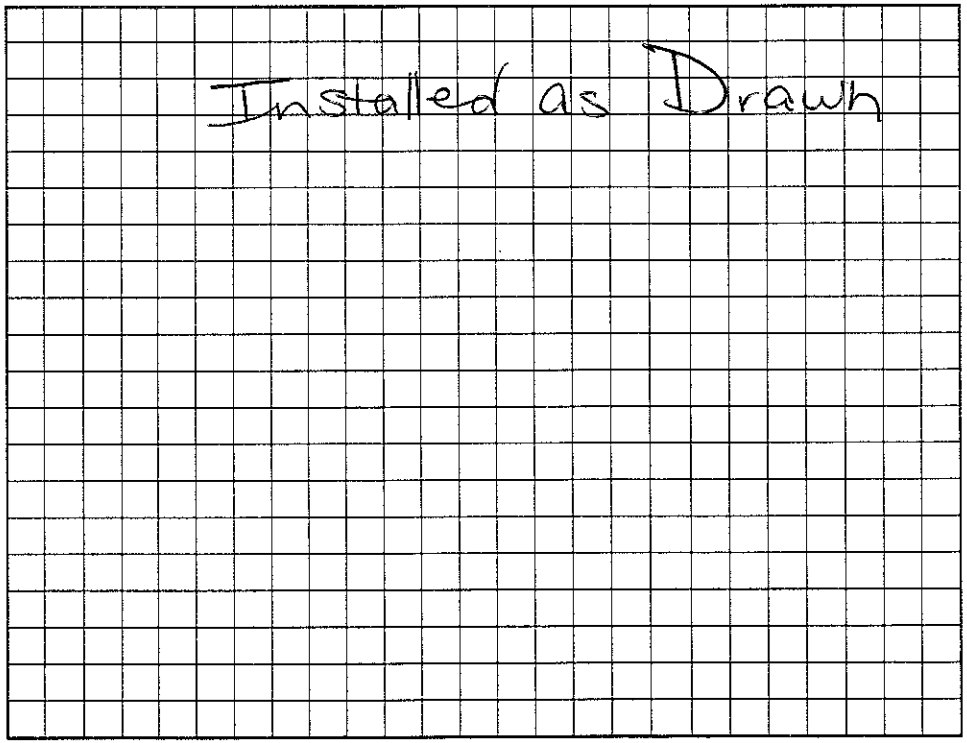
Comments/Conditions: Checked tanks & upper 3 lines 10/18/2002
18 panels per ditch — 3/16" hole drilled

Comments/Conditions: Note: Peds from Drainfield ditches had angular blocky structure. Checked last line & pressure 10/21/2002

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: [signature] date 4/15/02 Installed by: Tommy Frye Grading

Improvement Permit by: [signature] RS date 4/10/02 Operation Permit by: [signature] RS date 10/24/02

Authorization to Construct by: [signature] RS date 4/10/02 Existing System Inspection by: _____ date _____

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