IREDELL COUNTY HEALTH DEPARTMENT

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

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

375.00 T&Q 3.50

PERMIT# 105906 PIN# 4639-13-7925 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, FL From Hwy 11, TR 8411 Finch on Rt.

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

Septic Tank: 1000 Gallons; STB 10/2 Date 8-20-02

Pump Tank: 1000 Gallons; PT _____ Date 8-5-02

Pump Make: Goulds Model WE05111H Serial No. E025120D

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

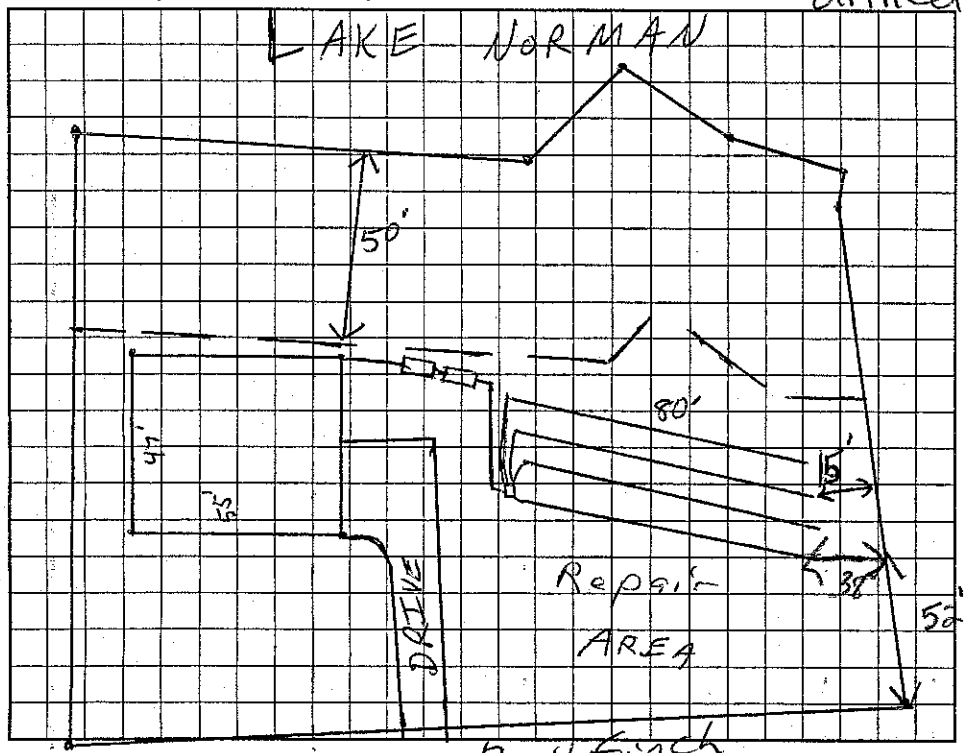
Water Supply: ☐ Individual ☐ Public ☒ Community

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 10/21/20

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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 4/15/02 Installed by: Tommy Frye Grading

Improvement Permit by: _____ RS date 4/10/02 Operation Permit by: _____ RS date 10/24/02

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

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