IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136498 PIN# 4639420136.24 4639-32-5175 DATE 4/25/07

OWNER OR APPLICANT John Quinn / Marble Custom Homes PHONE: Business 898-3191 Home 799-3688

ADDRESS 105 Mystic Lake Loop Mooresville, NC 28117

LOCATION Perth Rd N TL Fern Hill Rd TL Blue Ridge Trail on right

SUBDIVISION Woodleaf BLOCK / SECTION ____ LOT 24 LOT AREA .997 Acre SITE CLASS. PS

Septic Tank 1500 Gallons; STB 338 Date 8-18-07 DESIGN FLOW 600gpd T.A.R. .3 to .25

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1680 Linear Feet 560'

No Lines 7@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Rane 1 Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

No. Bedrooms 5 No. Persons ____ No. Employees ____

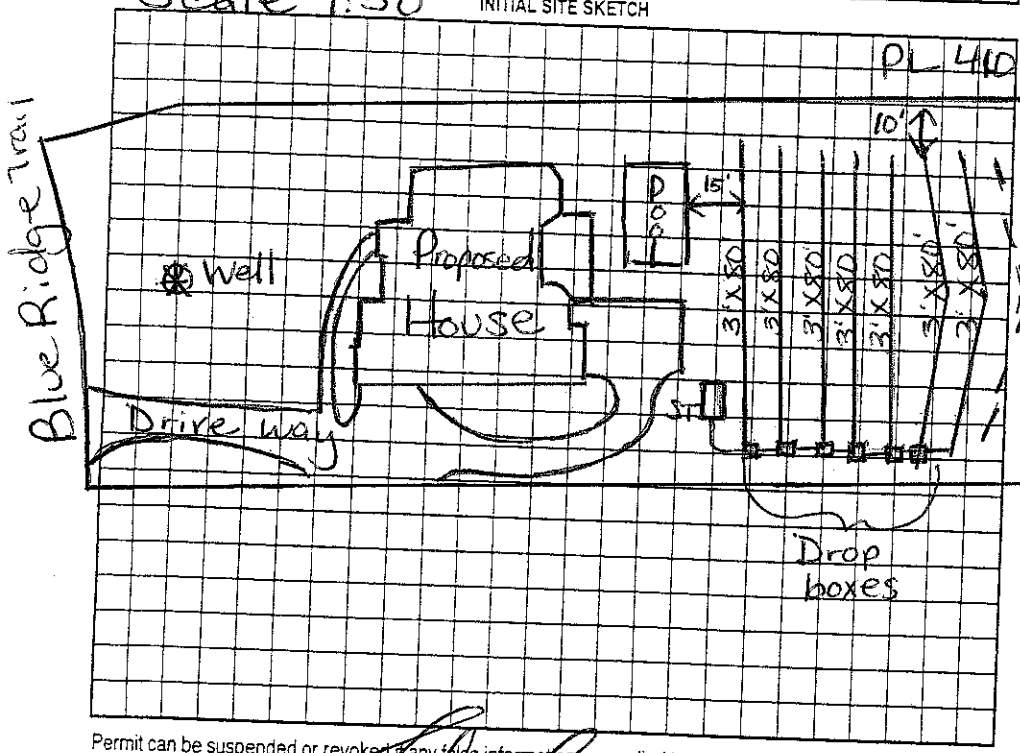
Water Supply: ☒ Individual ☐ Public ☐ Community

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

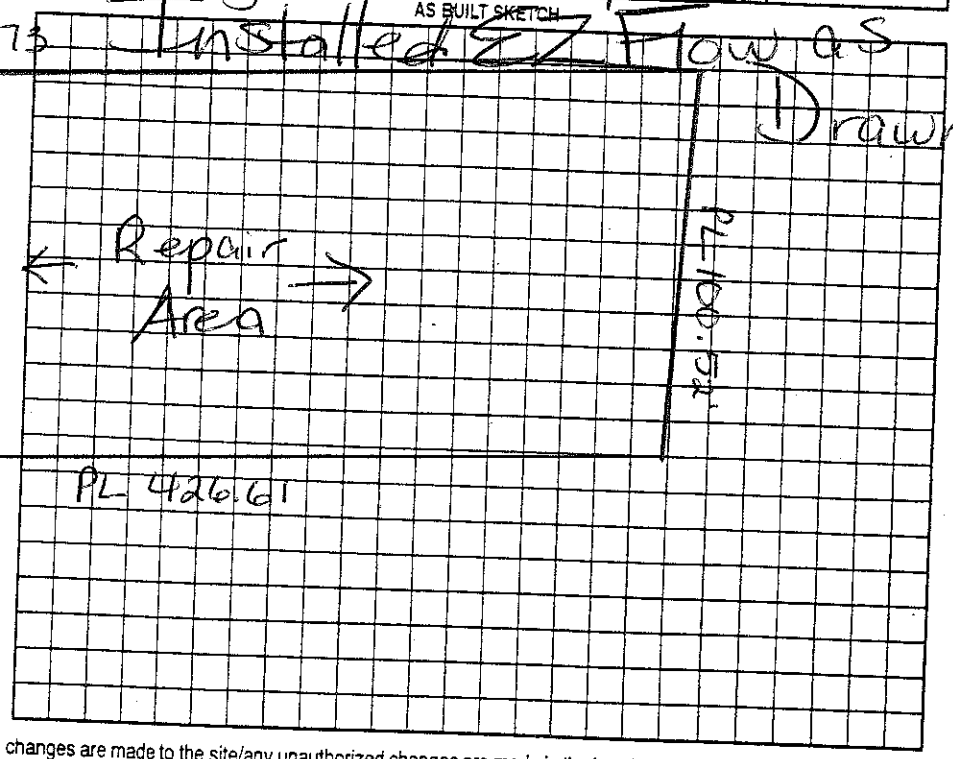
Comments:/Conditions: Note: Must keep pool cut at least 15ft from Septic System.

Comments:/Conditions: If driveway crosses Supply line then line must be buried 30" deep or sleeved with "Ductile Iron" Keep Supply line 10ft from pool cut.

Scale 1:50 INITIAL SITE SKETCH



AS BUILT SKETCH Installed as Flow 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: ____

Improvement Permit by: for Maina M. Olsen RS date 4/25/07

Authorization to Construct by: Maina M. Olsen RS date 4/25/07

Installed by: Hallmark Construction

Operation Permit by: Maina M. Olsen RS date 11/30/07

Existing System Inspection by: ____ date ____

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