4'00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4649 95 6365 DATE June 14, 02

OWNER OR CONTRACTOR Mark Faber PHONE: Business 528-1878 Home _____

ADDRESS 113 St. Thomas Ct. Mooresville

LOCATION 115-21 N TL Sailwinds TL Crystal Bay TR Clear Springs TL St. Thomas Ct. at end on left 113 St. Thomas Ct.

SUBDIVISION Windward Pointe BLOCK / SECTION 3 LOT 165 LOT AREA .86ac SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. .3 - Repair Area

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT 17 Date 8-10-02

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pump to Drop Box 25% Red.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

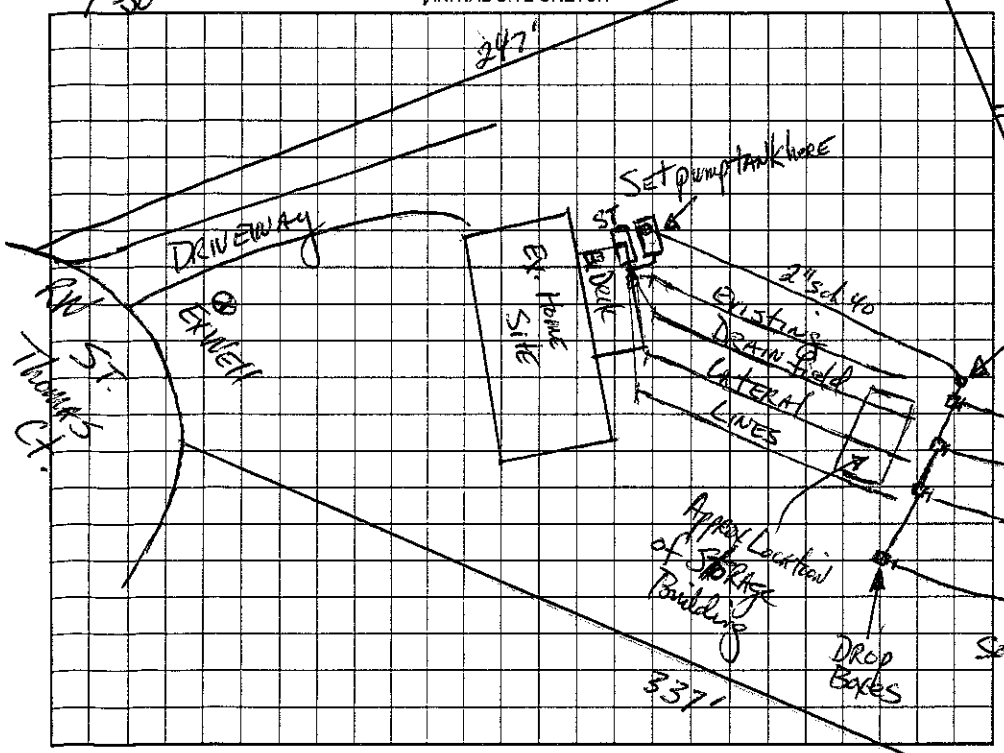
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: SET Bull RUN VALVE between existing septic tank And D-Box. Divert flow to pump tank. USE VALVE Shown ABOVE upper Drop Box to control flow Rate. PRECONSTRUCTION VISIT Required with INSTALLER.

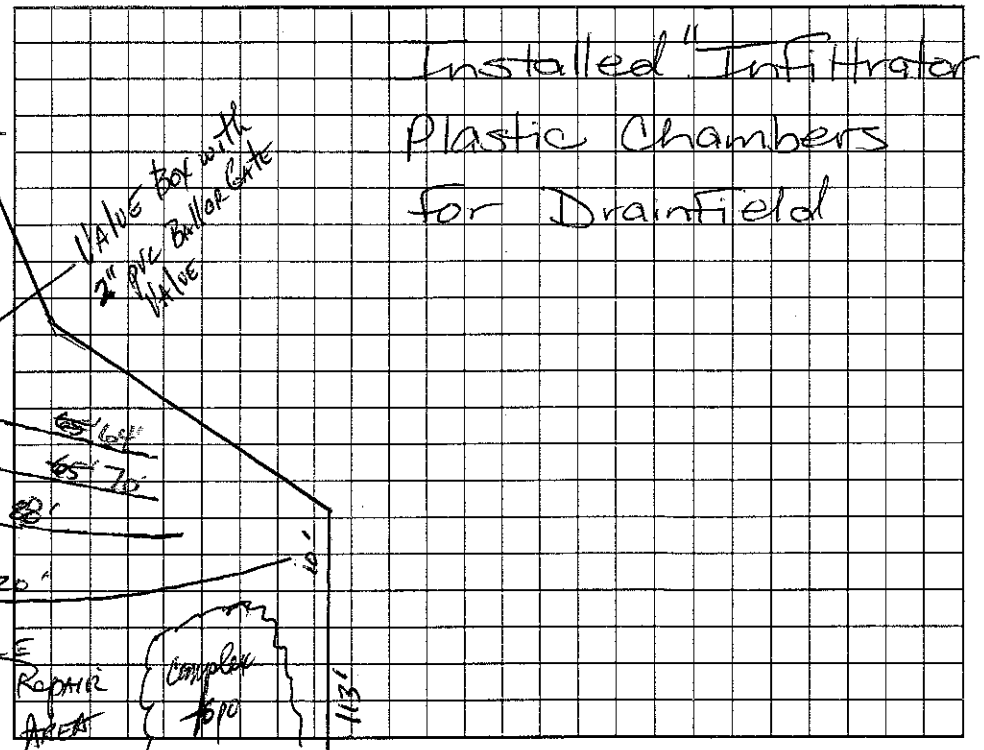
Comments:/Conditions: Lines Checked 10/4/02

INITIAL SITE SKETCH

1" = 50'



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: * Mark Faber date 6-14-02

Improvement Permit by: [signature] date 6-14-02

Authorization to Construct by: [signature] date 6-14-02

Installed by: Craig Thompson

Operation Permit by: [signature] date 11/1/02

Existing System Inspection by: _____ date _____

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