IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104521 PIN# 4715-58-0717 DATE 2/15/02

OWNER OR CONTRACTOR David T. Martin PHONE; Business — Home (704) 201-9690

ADDRESS 474 White Oak Branch Rd Statesville NC 28625

LOCATION Old 90 W. to Little Farm; (L) Peacock Holler 6/R Lot on Right

SUBDIVISION Concordia BLOCK / SECTION — LOT 7 LOT AREA .34 Ac. SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .25 sq ft

Septic Tank: 1,000 Gallons; STB 794 Date 3-8-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equiv to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 160
No Lines 4 @ 40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth Sand

X New System ☐ Repair System Type: I. II (III) IV. V. VI
System Description: Gravity; Panel Block
Repair System Description: not required
Maintenance Agreement Required: ☐ Yes X No

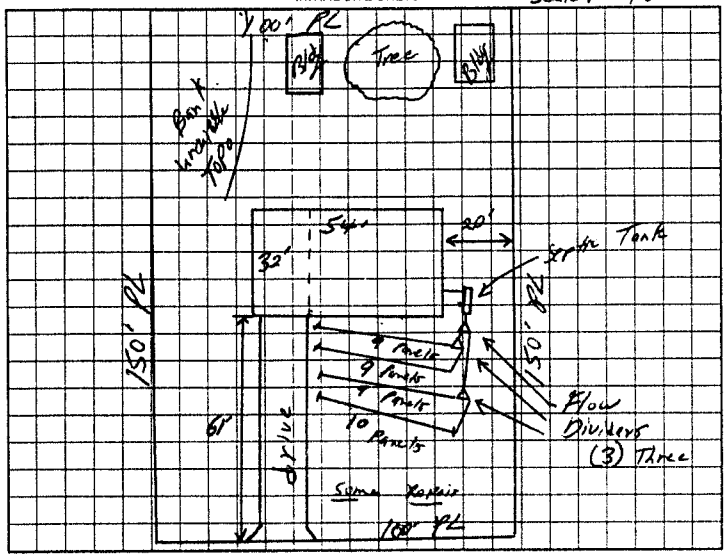
X House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
X Public
☐ Community

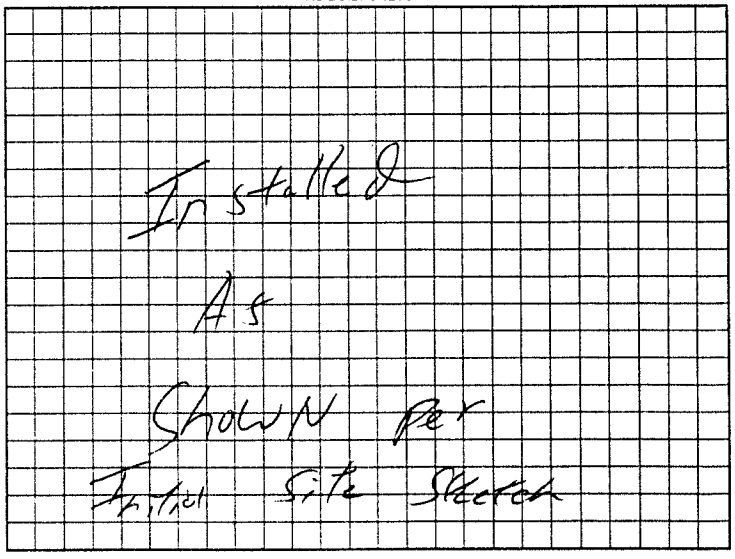
Comments:/Conditions: ① Install lines on Contour ② Install 37 panels with 27 tons of Sand; lines 8Ft O.C. ③ Use 3 Flow dividers for Equal distribution ④ Keep Septic Lines min 5 Ft from PL

Comments:/Conditions: -Zebel Filter Installed -37 Panel Blocks Installed

INITIAL SITE SKETCH Scale 1"=40'



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: David T Martin date 2/15/02 Installed by: Larry Beam

Improvement Permit by: William O. Johnson date 2/15/02 Operation Permit by: William O. Johnson date 5/16/02

Authorization to Construct by: William O. Johnson date 2/15/02 Existing System Inspection by: ____ date ____

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