IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80587 PIN# 4746734676 DATE 4-26-99

OWNER OR CONTRACTOR David Lee Marshall PHONE: Business _____ Home 8780839

ADDRESS 1038 Fourth Creek Furniture

LOCATION 21N IR Jane Sowers Tl across from James Fm on Robin Hood Loop 1st House 1-st

SUBDIVISION Sherwood Forest BLOCK / SECTION _____ LOT 2042 LOT AREA 1 acre SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1012 Date 1-23-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Pump to 25% Red

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

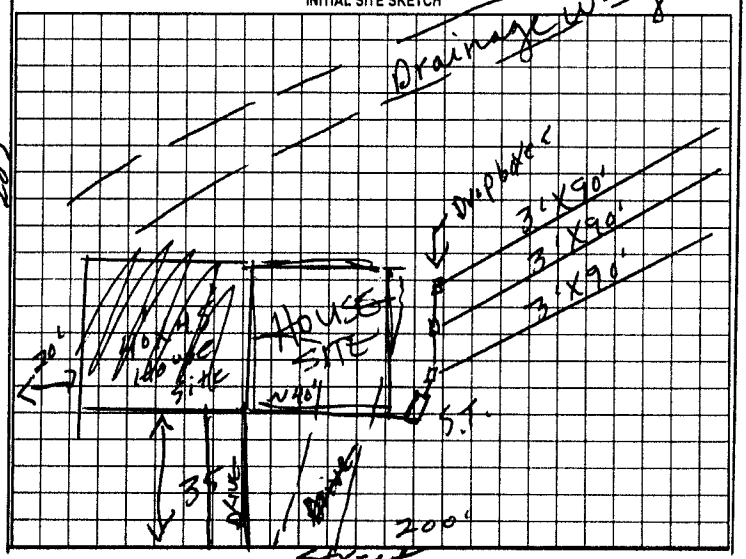
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

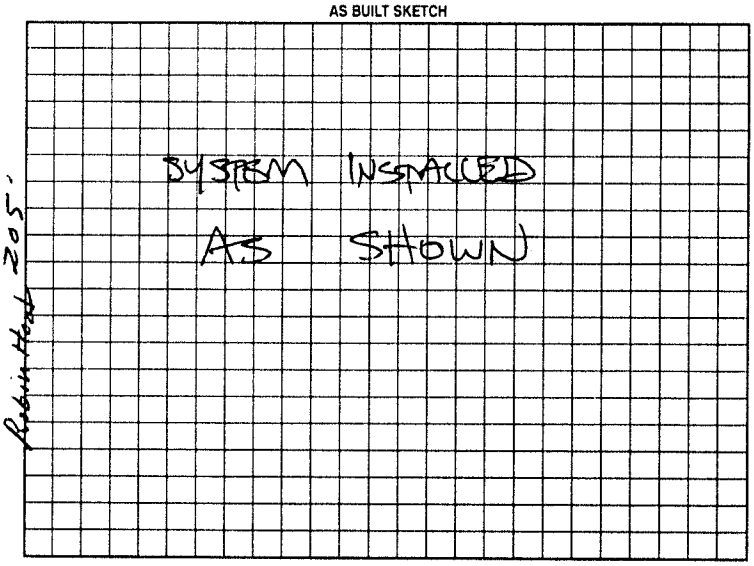
Comments/Conditions: Repair area 200'

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

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.

← To Jane Sowers

Signed: David Marshall date _____ Installed by: TOMMY FRYE

Improvement Permit by: J. C. Moore date 4-26-99 Operation Permit by: STEVE HENDRICK date 5-24-00

Authorization to Construct by: J. C. Moore date 4-26-99 Existing System Inspection by: _____ date _____

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