IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 4-26 01

OWNER OR CONTRACTOR DWIGHT F. MARTIN PHONE: Business _____ Home 878-2646

ADDRESS 2112 E. GREENBRIAR Rd STATESVILLE, NC. 28625

LOCATION East Broad Street, @ Greenbriar, @ at BOX # 2112

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 160'

No Lines 2 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 24"

☐ New System ☒ Repair System Type: I (II) III. IV. V. VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

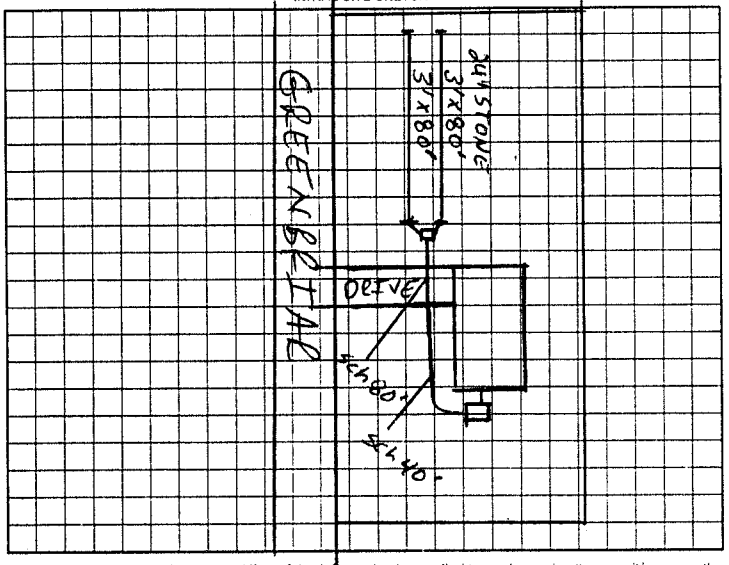
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Put in new sanitary tee ② Use 24" stone ③ Use Dist BOX with speed levelers ④ Use sch 80 under driveway

Comments/Conditions: SYSTEM INSTALLED AS SHOWN WITH NEW SANITARY TEE

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.

Signed: Dwight F Martin date 4-24-01

Improvement Permit by: Jane Cook RST date 4-26-01

Authorization to Construct by: Jane Cook RST date 4-26-01

Installed by: STEVE JORDAN

Operation Permit by: Jane Cook RST date 5-8-01

Existing System Inspection by: _____ date _____

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