IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130993 PIN# 4766 82 1620 DATE 9/22/05

OWNER OR CONTRACTOR ~~CARLOS PATINO~~ / ELIZABETH & WESLEY MARTIN PHONE: Business 850 293 9912 Home 206 915 1904

ADDRESS Po Box 321 Statesville, NC 28625

LOCATION 21 N (R) JANE SOWERS (L) OLD MOCKSVILLE (R) CHESTNUT GROVE (R) SEVEN SPRINGS LOOP (L) LOT 276 SEVEN SPRINGS LP

SUBDIVISION SEVEN SPRINGS BLOCK / SECTION 2 LOT 78 LOT AREA 1.29 ACRES SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 526 Date 4-28-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, [II], III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: [ ] Yes [X] No

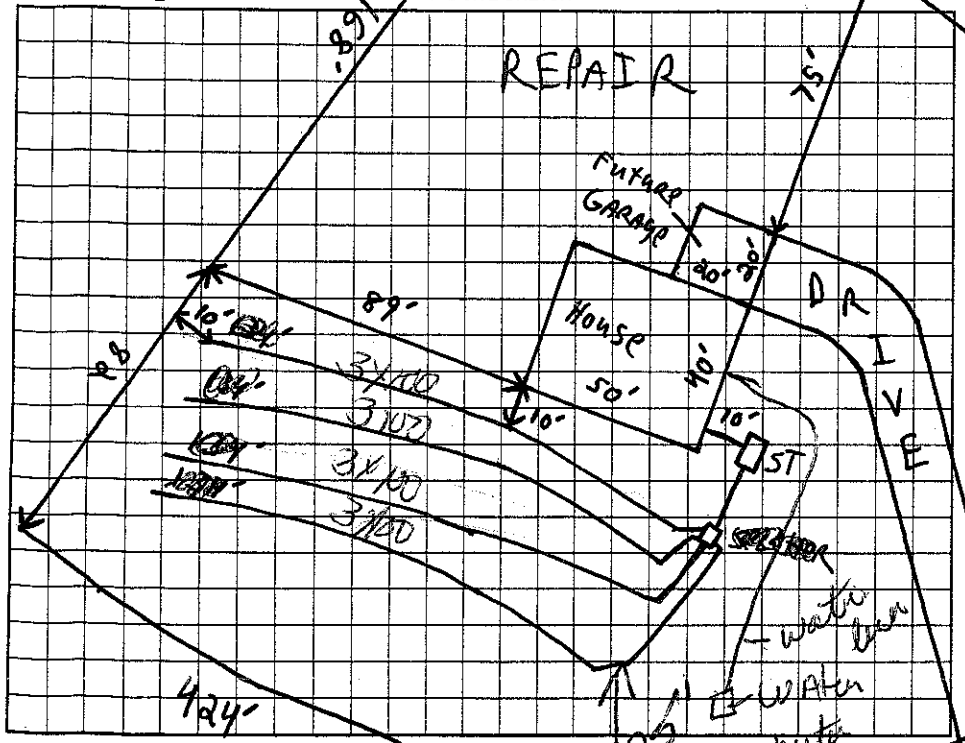
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

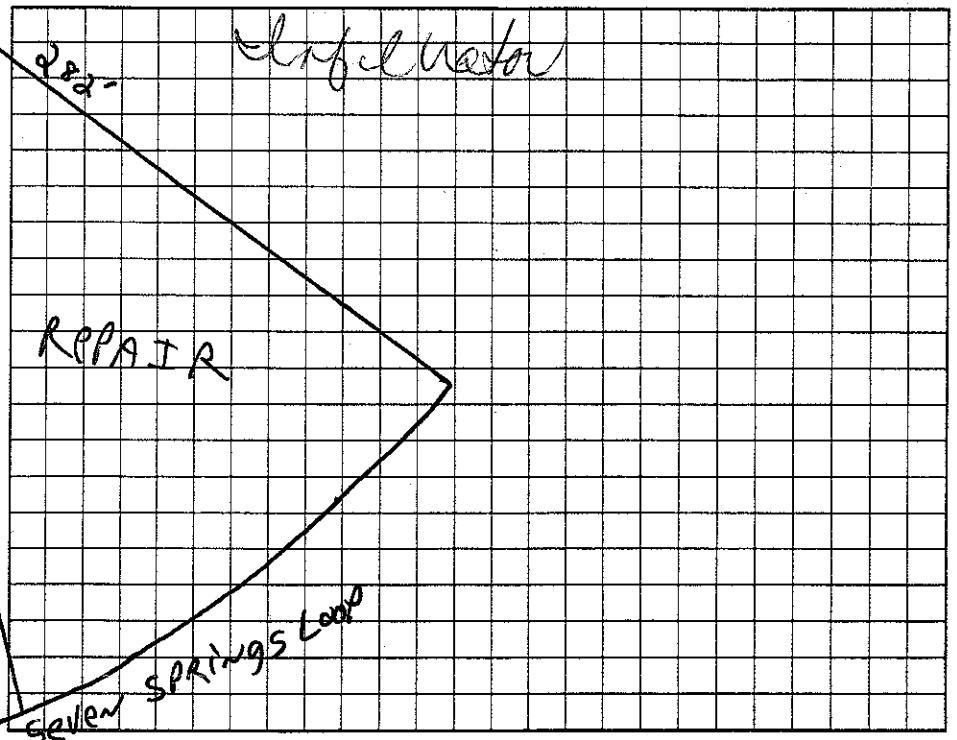
Comments:/Conditions:
INSTALL ON CONTOUR
MAINTAIN SETBACKS
USE EFFLUENT SPLITTER
SUCH AS ZOELLER 4WAY-FLO

INITIAL SITE SKETCH



Comments:/Conditions:
Yellow Sup - Tite
End Cap Distribution

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: Elizabeth A Martin date 9-26-05
Improvement Permit by: [signature] date 9/22/05
Authorization to Construct by: [signature] date 6/12/06

Installed by: Tommy Joyner
Operation Permit by: [signature] date 8-16-07
Existing System Inspection by: _____ date _____

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