IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281

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

PERMIT# 153359 PIN# 4773375~~4102~~ 48102 DATE 11-18-2008

OWNER OR APPLICANT Jim Markus & Di Nian Quarles PHONE: Business _____ Home _____

ADDRESS 130 Sierra Wood Drive Statesville NC 28677

LOCATION Old 70 East 2928

SUBDIVISION _____ BLOCK / SECTION 4 LOT 1 LOT AREA 1.17 SITE CLASS. PS DESIGN FLOW 125 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 1007 Date 5-20-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 500 Linear Feet 132

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

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

System Description: 25% Gravity

Repair System Description: 25% Pump

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms ___ No. Persons ___ No. Employees 5

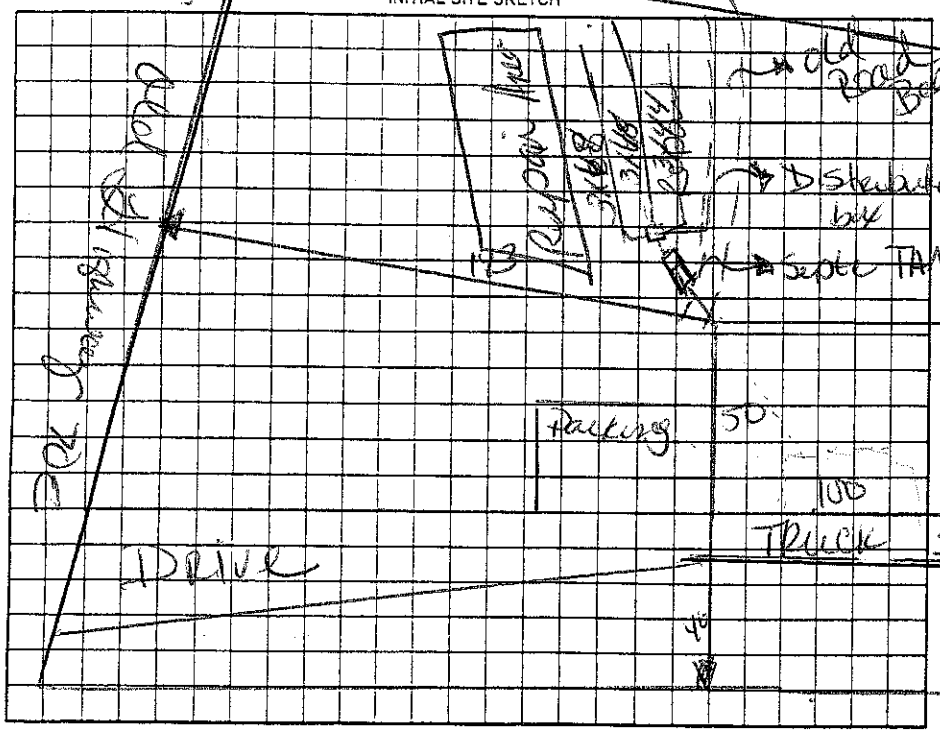
Water Supply: ☐ Individual ☑ Public ☐ Community

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

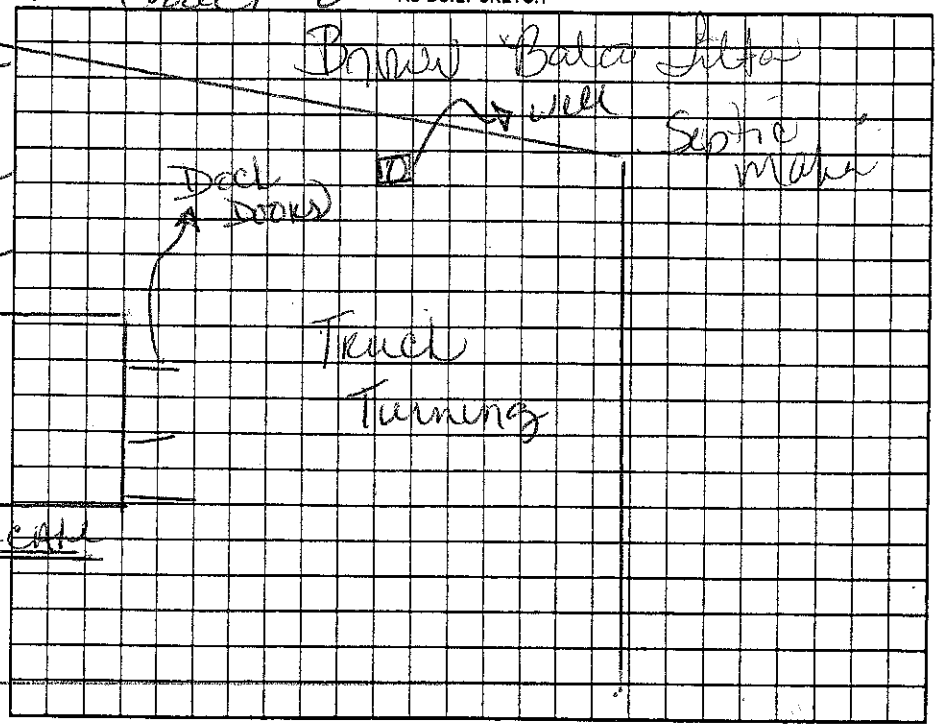
Comments:/Conditions: Install as contour
Maintain all setback
Use equal distributor
with Speed Levels

Comments:/Conditions:
Rake and lime Side walls
Drainage fall to septic is
Correct

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: _____ date 11/18/08 Installed by: James Hudson

Improvement Permit by: Kelly Cook date 11-18-08 Operation Permit by: Kelly Cook date 8-10-09

Authorization to Construct by: Kelly Cook date 11-18-08 Existing System Inspection by: _____ date _____

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