IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4715+17391 PIN# 4626115224.055 4616902346 DATE 12-17-07

OWNER OR APPLICANT Mid Atlantic Custom Builders PHONE: Business 202-5568 Home 828 478-2761

ADDRESS P.O Box 3792 Mooresville NC 28117

LOCATION Brawley School Rd TR Chuckwagon TL last Barber Loop on left

SUBDIVISION Waterside Landing BLOCK / SECTION ____ LOT 53 LOT AREA 30,053 sf SITE CLASS. PS DESIGN FLOW 480gpd T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 9-15

Pump Tank: 1000 Gallons: PT 27 Date 9-11-12

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1230' Linear Feet 410'

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: Pump-PM-25% Reduction

Repair System Description: Pump-LP-Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

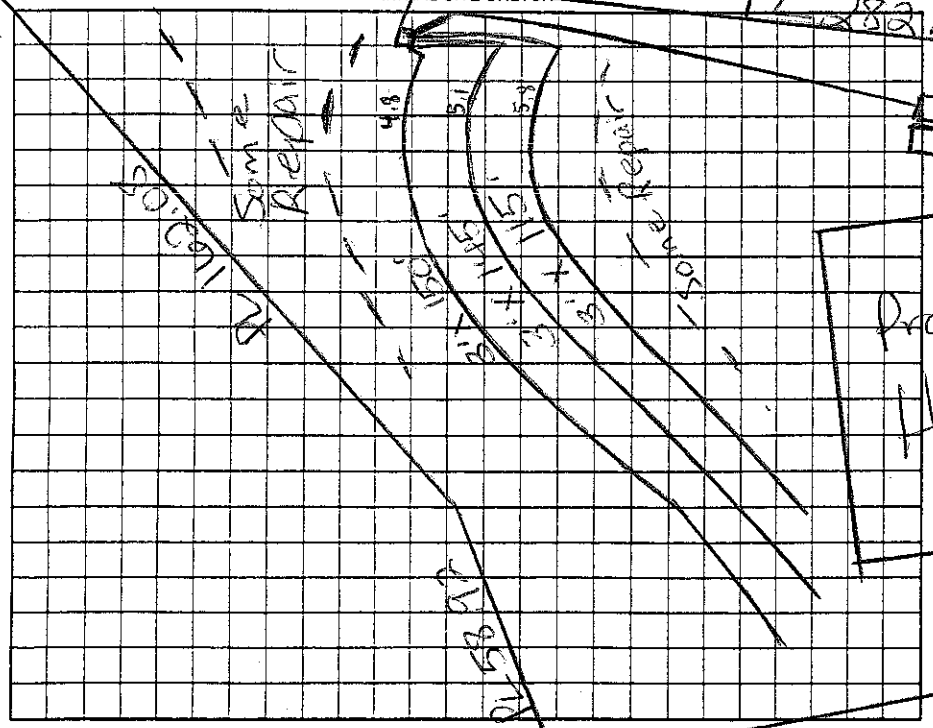
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

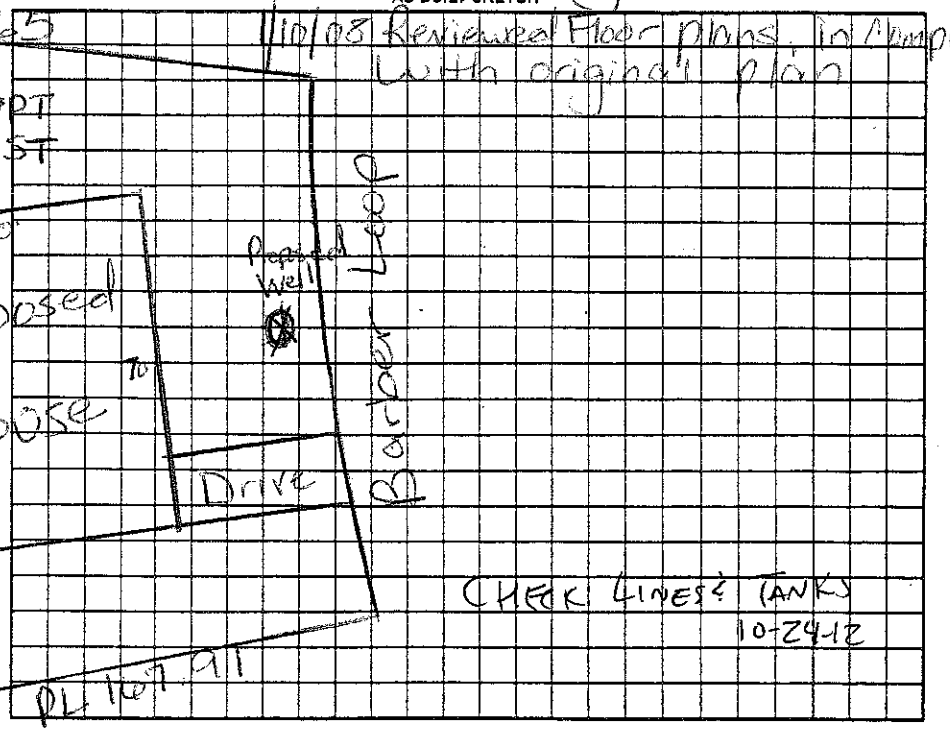
Comments:/Conditions: Scale 1:40 *See plan specs Pressure Manifold

Comments:/Conditions: **Note: Use SCH40 1½" tap for upper 2 lines & SCH80 ½" tap for lower (Shorter) line. **See Approved plan by Rollins Environmental 10/08 Reviewed Floor plans in Compliance with original plan

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 ____ Installed by: WASTEWATER SOLUTIONS

Improvement Permit by: [signature] date 12/17/07 Operation Permit by: [signature] date 11-20-12

Authorization to Construct by: [signature] date 11/10/08 Existing System Inspection by: ____ date ____

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