IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 ✕ MOORESVILLE 704-664-5281

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

PERMIT # 148857 PIN # 4626-00-0486 DATE 3-13-09

OWNER or APPLICANT MID-ATLANTIC CUSTOM HOMES PHONE: Business 828-478-2761 Home:

OWNER or APPLICANT ADDRESS PO BOX 3792 MOORESVILLE NC 28117

LOCATION / DIRECTIONS BSR, TR CHUCKWOOD, TL BARBER LP, ON L

SUBDIVISION WATERTREE LANDING BLOCK / SECTION A LOT # 59 LOT AREA .69AC DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 3-23-13

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 400'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP-PANEL BLOCK

Maintenance Agreement Required ☐ YES ☒ NO INITIALLY

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

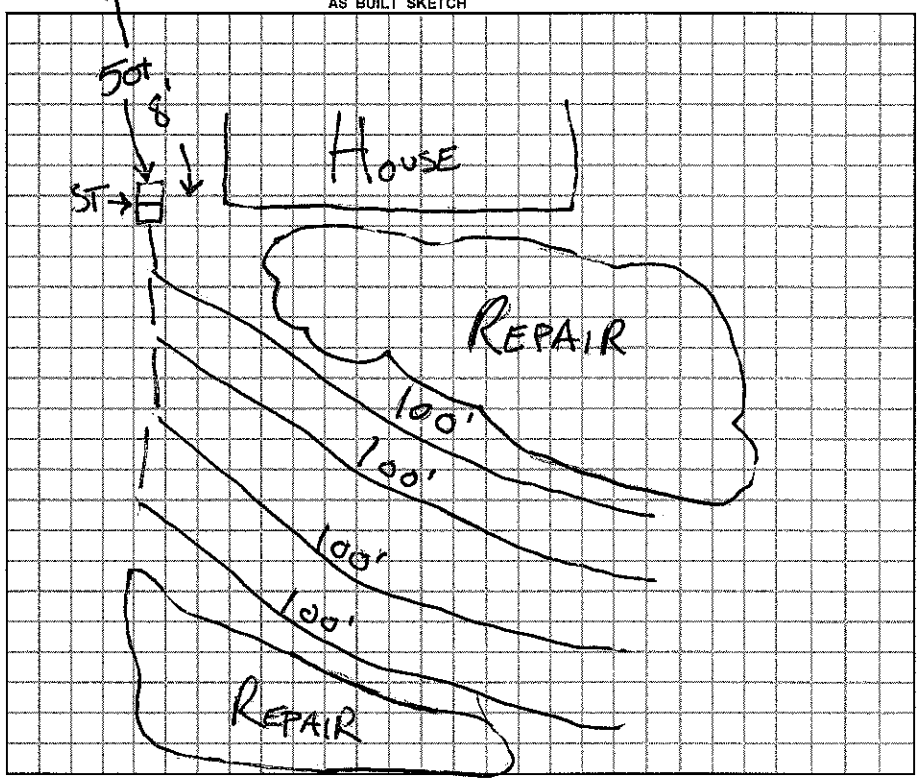
Comments / Conditions: * INSTALL PER PLAN SPECS *

Comments / Conditions: WELL

INITIAL SITE SKETCH

SEE ATTACHED PLAN BY ROLLINS SOIL + ENVIRONMENTAL SERVICES

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 w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 05-13-09

Improvement Permit by: [signature] Date 3-13-09

Authorization to Construct by: [signature] Date 3-13-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: WASTEWATER SOLUTIONS

Operation Permit by: [signature] Date: 1-16-13

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant