# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 148864 PIN # 4626002385 DATE August 5, 2010

OWNER or APPLICANT Mid-Atlantic Custom Builders PHONE: Business 704-202-1266 Home:

OWNER or APPLICANT ADDRESS P.O. Box 3792 Mooresville NC 28117

LOCATION / DIRECTIONS Brawley Sch. Rd TR Chuckwood TL 2nd Barber Loop on left

SUBDIVISION Watertree BLOCK / SECTION 4 LOT # 61 LOT AREA .39 Ac DESIGN FLOW 480 gpd L.T.A.R. .3gpd/ft2

Septic Tank 1000 Gallons: STB 794 Date 12-3-12

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 3 Linear Feet 400

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

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

System Description: 25% reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

House and plumbing must be positioned correctly to achieve a gravity system

Comments / Conditions

INITIAL SITE SKETCH

See Plan from Michael Athanas & Associates

Approved by ICHD

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: ____ Date ____

Improvement Permit by: Susan McNeill Date 8-5-10

Authorization to Construct by: Susan McNeill Date 11-29-12

Installed by: WASTEWATER SOLUTIONS

Operation Permit by: [signature] Date: 2-6-13

Existing System Inspected by: ____ Date: ____

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.***

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