IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 148868 PIN # 4626-00-5532 DATE 11-4-09

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

OWNER or APPLICANT ADDRESS PO BOX 3792 MOORESVILLE NC 28117

LOCATION / DIRECTIONS I55R, TR CHUCKWOOD, TL 2ND BARRER, ONL

SUBDIVISION WATERTREE LANDING BLOCK / SECTION 4 LOT # 63 LOT AREA .69AC DESIGN FLOW 480 GPD L.T.A.R. 3

Septic Tank 1000 Gallons: STB 794 Date 1-21-13

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

1) INSTALL PER PLAN SPECS. SPLIT FED

INITIAL SITE SKETCH

SEE ATTACHED PLAN BY ROLLANS SOIL + ENVIRONMENTAL SERVICES

Comments / Conditions

AS BUILT SKETCH

2 AREAS OF CHZ COLORS FOUND IN SYSTEM

House

55'

10'

10'

10'

4'

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 11-25-09

Improvement Permit by: [signature] REHS Date 11-4-09

Authorization to Construct by: [signature] REHS Date 11-4-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: RUSSELL WILLIAMS

Operation Permit by: [signature] Date: 3-26-13

Existing System Inspected by: ____ Date: ____

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