IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-[illegible]05 MOORESVILLE 704-664-5281

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

PERMIT# 119332 PIN# 4626-11-7509 Bill DATE 9-14-05

OWNER OR CONTRACTOR Mid Atlantic Custom Builders PHONE: Business 871-1894 Home 980 722-0230

ADDRESS P.O. Box 3792 Mooresville, NC 28117

LOCATION Brawley School Rd TR Chuckwood at end on right

SUBDIVISION Water Tree Landing BLOCK / SECTION ____ LOT 394 LOT AREA 54,588 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Combined Date 4/27/05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

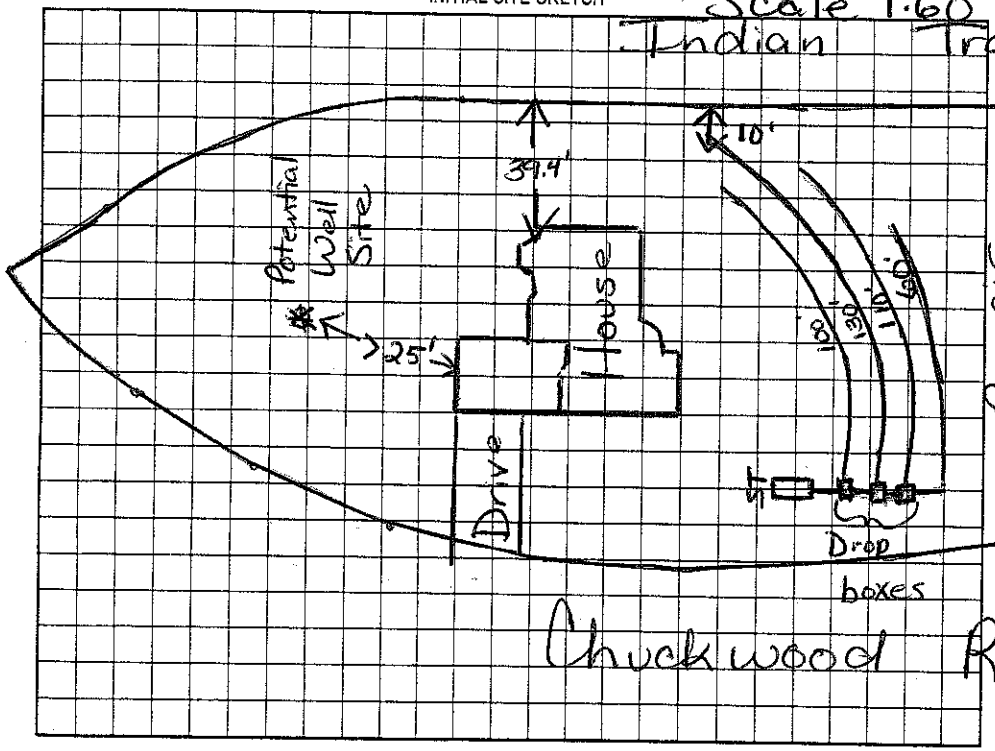
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

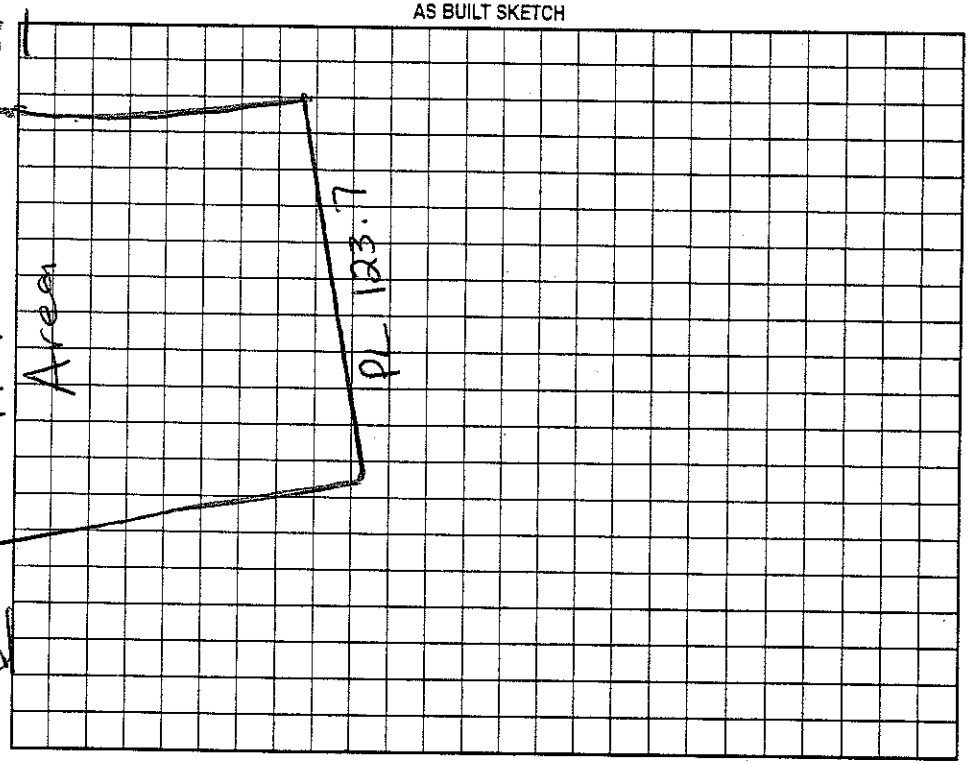
Comments:/Conditions: Note: Any future swimming pool must be 15' from Septic System.

Comments:/Conditions: Keep Septic System at least 10' from PL & 100' to well

INITIAL SITE SKETCH Scale 1:60



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: Bill Rethmyer date 9-14-05 Installed by: Craig Thompson

Improvement Permit by: Maia Hill Dotson RS date 9/14/05 Operation Permit by: [signature] RS date 11/17/05

Authorization to Construct by: Maia Hill Dotson RS date 9/14/05 Existing System Inspection by: ____ date ____

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