IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid / MOORESVILLE 704-664-5281

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

PERMIT# 119344 PIN# 4626-21-2748.000 4626128397 DATE June 19, 04

OWNER OR CONTRACTOR Mid Atlantic Custom Builders PHONE: Business _____ Home _____

ADDRESS P.O. Box 3792, Mooresville N.C. 28117

LOCATION Brawley Sch Rd. TR Chesterwood to END TR Indian Trail N 1/4 mile on Right - IN CURVE

SUBDIVISION Water Tree Landing BLOCK / SECTION _____ LOT 10 LOT AREA 30,879 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 7/25/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 w CENTER Feed Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Gravity 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

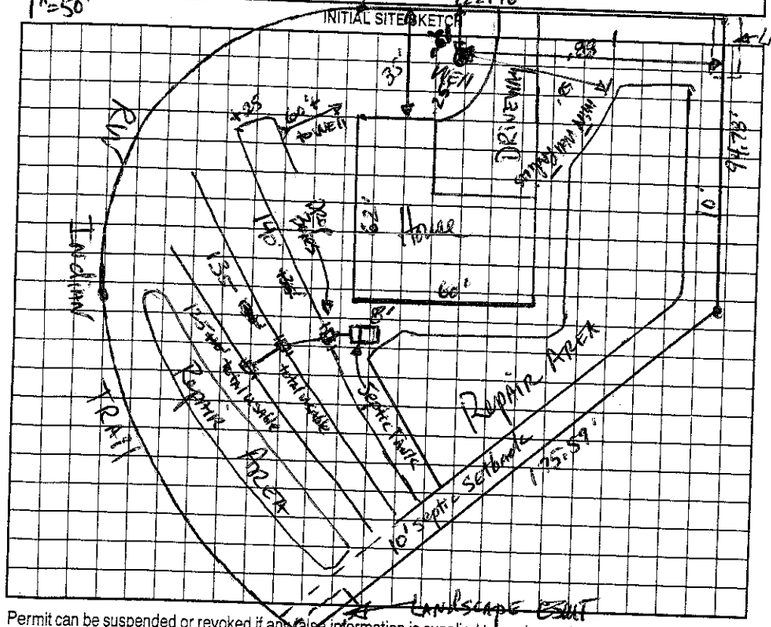
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Well to be located 12' off street R/W, 88' off Lot 10/11 side property LINE and 25'+ off house foundation.

Comments:/Conditions:

1"=50'

INITIAL SITE 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: George Bethune date 6-24-04

Improvement Permit by: _____ RS date 6-19-04

Authorization to Construct by: _____ RS date 6-19-04

Installed by: Howard's Backhoe

Operation Permit by: _____ RS date 9/12/05

Existing System Inspection by: _____ date _____

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