IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119343 PIN# ~~4626-21-2748~~ 4626 12 9275 DATE 4-1-05

OWNER OR CONTRACTOR Mid Atlantic Builders PHONE: Business 980 722-0230 Home 660-5769

ADDRESS P.O. Box 3792 Mooresville NC 28117

LOCATION Brawley School Rd TR of Chuckwood TR Indian Trail ~ 1/4 mile on right

SUBDIVISION Watertree Land LOCK / SECTION ____ LOT 9 LOT AREA 30,213 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 749 Date 5-25-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 300'
No Lines 6@50' Trench Width 24" min Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Panel Block
Repair System Description: Pump-LP-Panel Blk
Maintenance Agreement Required: ☐ Yes X No Not Initially

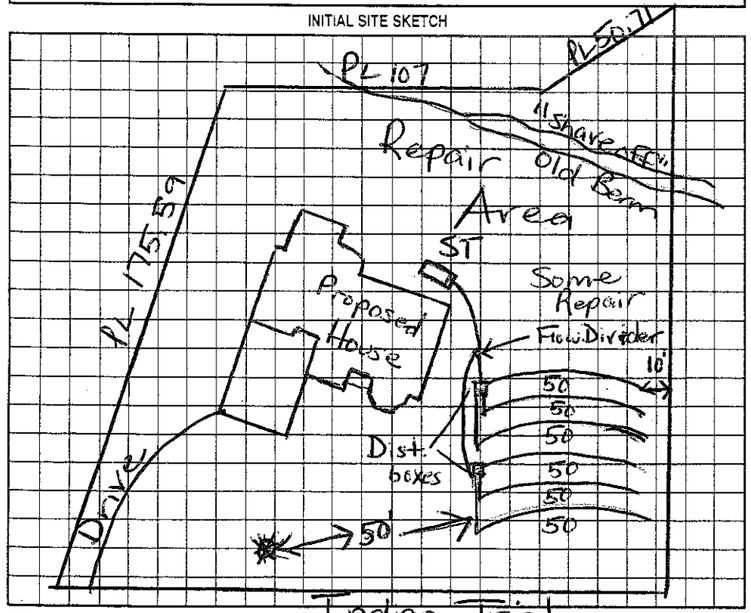
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System 15' (side slope) From House foundation drain

Comments:/Conditions: D-box & Speed levels & Flow divider Checked 4/27/05

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

Lots of Rock in trenches

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: Jay Bishop date 4-5-05 Installed by: Howard's Backhoes

Improvement Permit by: Maria H. Dotson RS date 4/1/05 Operation Permit by: Maria H. Dotson RS date 4/27/05

Authorization to Construct by: Maria H. Dotson RS date 4/1/05 Existing System Inspection by: ____ date ____

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