* THIS PERMIT VOIDS PREVIOUS PERMIT 04208 6/19/04 *

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119354 PIN# 4626 21 2748 . 014 4626214905 DATE 1/6/06

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

ADDRESS Po Box 3792 Mooresville, NC 28117

LOCATION Brawley School Rd @ Chuckwood @ Indian Trail @ Lot

SUBDIVISION Waterside Landing BLOCK / SECTION _____ LOT 14 LOT AREA .69 ACRES SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8/19/05
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Eq 1600 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI (Level)
System Description: 25% reduction
Repair System Description: LP pipes
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

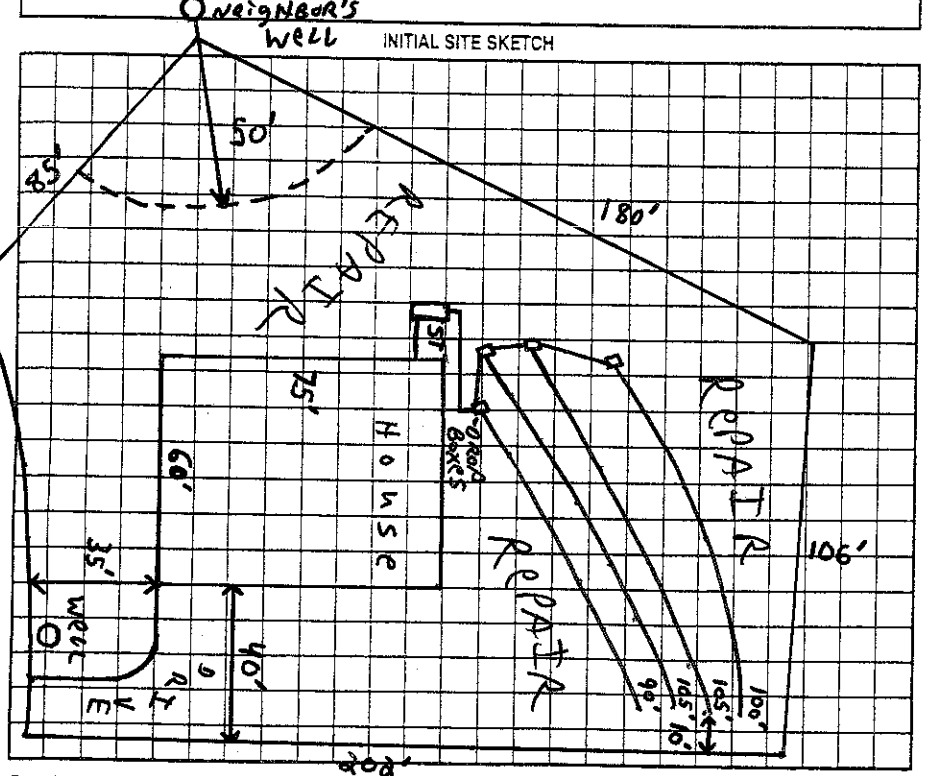
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

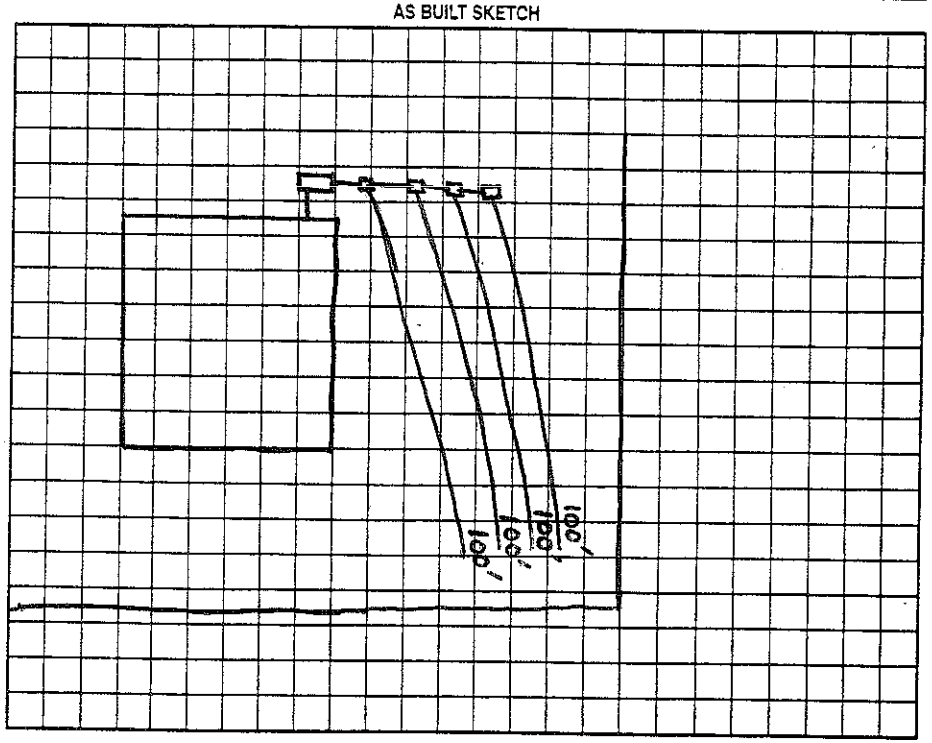
Comments/Conditions: install on contour. maintain setbacks.

Comments/Conditions: ST w/ marker and 4"PVC - 4"x0 fitting. installed with 100 quick-4 infiltrators.

INITIAL SITE SKETCH



AS BUILT SKETCH



Indian Trail

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 Bettis date 1-16-06

Improvement Permit by: [signature] date 1/6/06

Authorization to Construct by: [signature] date 1/9/06

Installed by: CRAIG THOMPSON

Operation Permit by: [signature] date 2/14/06

Existing System Inspection by: _____ date _____

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