IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126486 PIN# 4626 32 0122 4626-21-9966 DATE 9/23/05

OWNER OR CONTRACTOR Mid Atlantic Custom Bldrs. PHONE: Business _____ Home _____

ADDRESS PO Box 3792 Mooresville NC 28117

LOCATION BSR, TR Chuckwood, TR Indian Trail, on RT

SUBDIVISION Waterview Landing BLOCK / SECTION _____ LOT 15/16 LOT AREA 2.78AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 6-15-05
Pump Tank: 1000 Gallons; PT 17 Date 10-15-05
Pump Make: Geo55 Model VE05111H Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump 25% Reduct
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

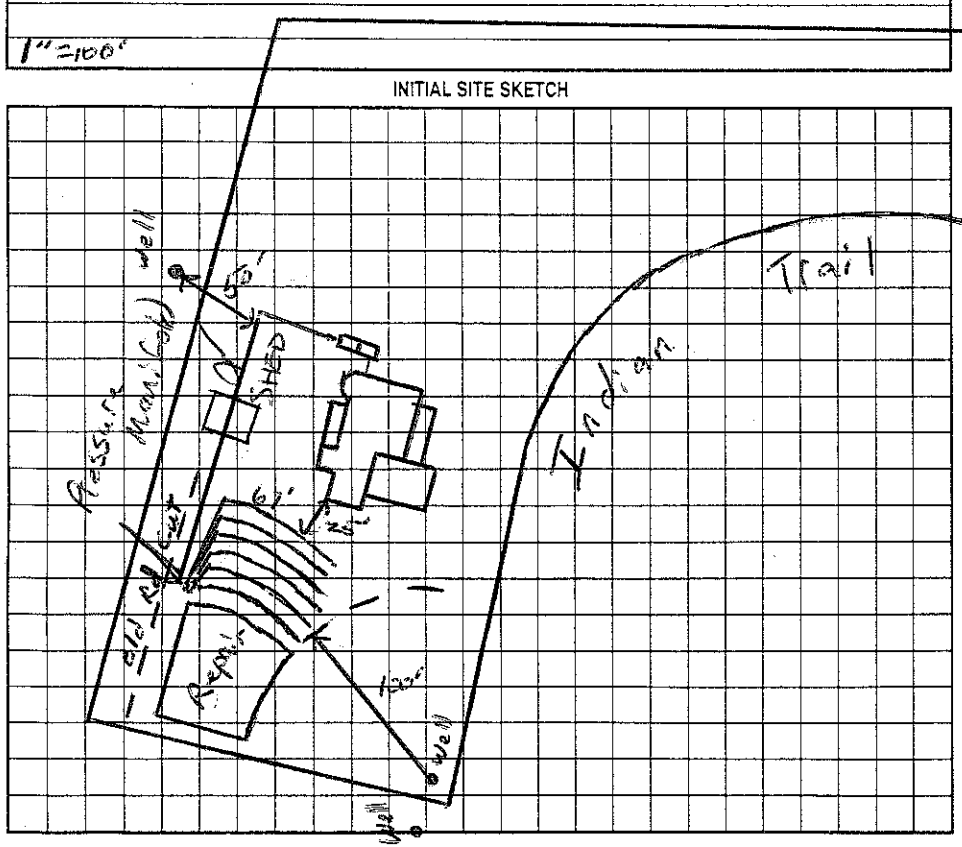
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

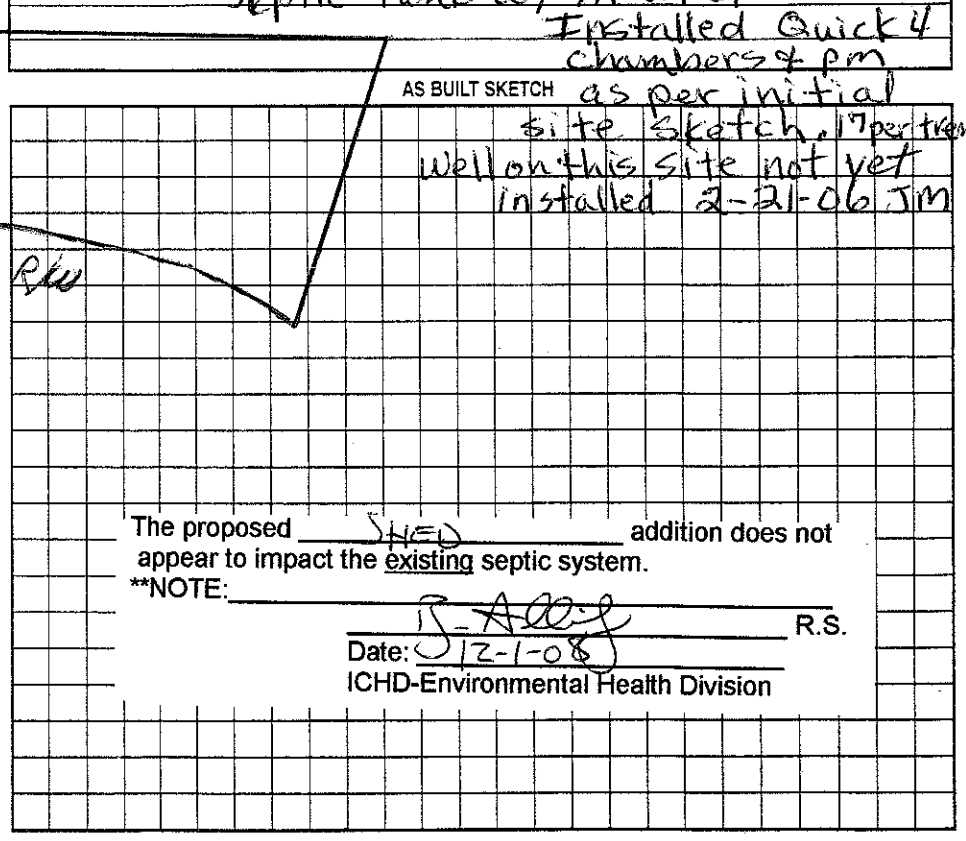
1"=100'

INITIAL SITE SKETCH



Comments:/Conditions: yellow tuftite filter
septic tank w/ marker
Installed Quick 4 chambers & pm as per initial site sketch. 17 per trench.
Well on this site not yet installed 2-21-06 JM

AS BUILT SKETCH



The proposed SHED addition does not appear to impact the existing septic system.
**NOTE: _____
RS
R.S.
Date: 12-1-08
ICHD-Environmental Health Division

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 Bellard date 9-27-05 Installed by: Craig Thompson

Improvement Permit by: RS date 9/23/05 Operation Permit by: RS date 3/15/06

Authorization to Construct by: RS date 9/23/05 Existing System Inspection by: _____ date _____

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