IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5201

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

PERMIT# 119340 PIN# 4626212748.007 4626-22-2001 DATE 7-13-06

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

ADDRESS P.O. Box 3792 Mooresville, NC 28117

LOCATION Brawley School Rd TR Chuckwood to end TR Indian Trail ¼ mile on right

SUBDIVISION Watertree Landing BLOCK / SECTION _____ LOT 7 LOT AREA 30,588 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 to .3+

Septic Tank: 1000 Gallons; STB 794 Date 5-27-06
Pump Tank: 1000 Gallons; PT 27 Date 6-14-06
Pump Make: Gaulds Model DE5IM Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1170 Linear Feet 390
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

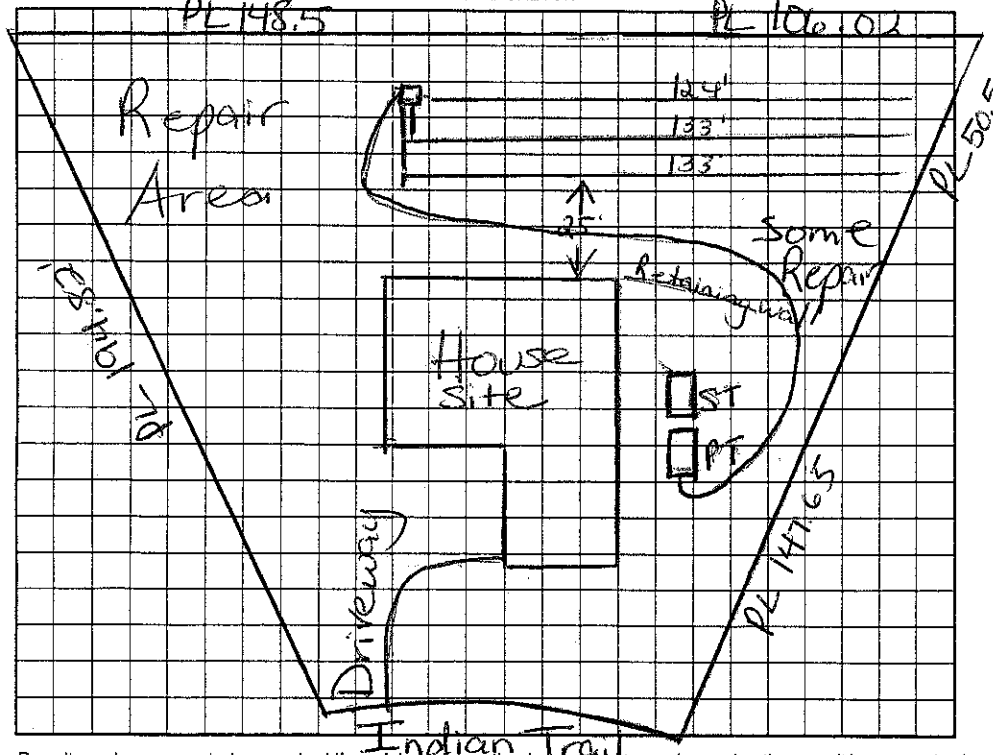
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Builder Changed House plan & added Basement therefore previous permit was voided.

INITIAL SITE SKETCH



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 Bethel date 7-13-06 Installed by: Howard's Backhoe

Improvement Permit by: Maria H. Dolson RS date 7/13/06 Operation Permit by: Maria H. Dolson RS date 7/18/06

Authorization to Construct by: Maria H. Dolson RS date 7/13/06 Existing System Inspection by: _____ date _____

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