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# 119351 PIN# 4626-21-2748.013 4626223132 DATE June 19, 04

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

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

LOCATION Bowles Sch Rd. TR Chinquewood to end TR Indian Trail ~ 1/4 - 1/2 mile on Right

SUBDIVISION Water Tree Landing BLOCK / SECTION _____ LOT 13 LOT AREA 30,342 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 312 Date 12/17/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 2+2 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction

Repair System Description: LPP Serv PPBPS

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

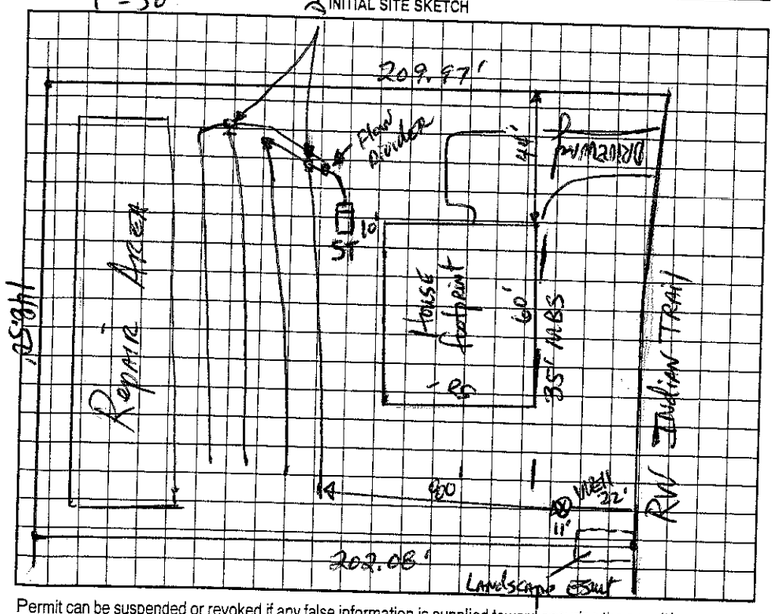
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

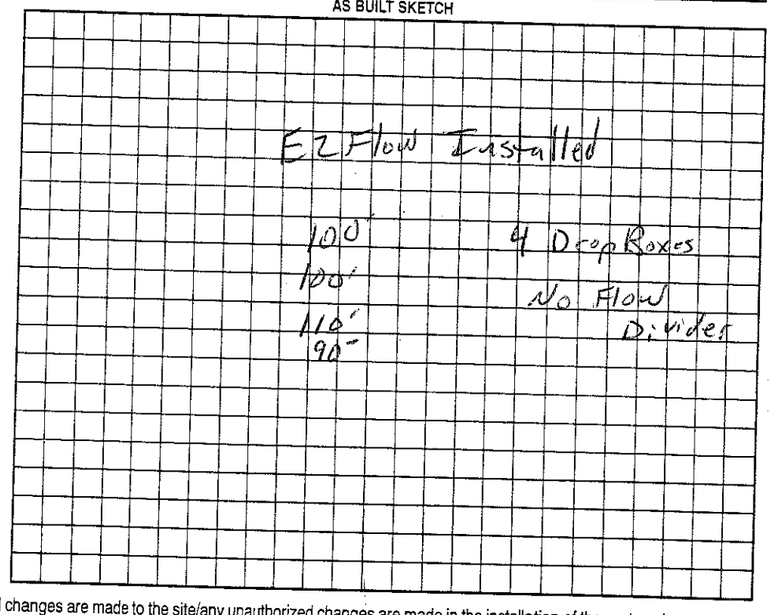
Comments:/Conditions:

Comments:/Conditions:

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: George Bethay date 6-24-04

Improvement Permit by: _____ date 6-19-04

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

Installed by: Howards Backhoe

Operation Permit by: _____ RS date 1/4/05

Existing System Inspection by: _____ date _____

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