IREDELL COUNTY HEALTH DEPARTMENT

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

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

130.00 Paid 3:30

PERMIT# 114347 PIN# ~~4626-21-2748-101~~ 4626223204

OWNER OR CONTRACTOR Mid Atlantic Custom Builders PHONE: Business _____ Home _____ DATE June 19, 04

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

LOCATION _____

SUBDIVISION Waterfree Landing BLOCK / SECTION _____ LOT 12 LOT AREA 30,002 Ft² SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Beaver Dam Rd. TR Chuckwood to end TR Indian Trail 1/4-1/2 mile on Right

Septic Tank: 1000 Gallons; STB 794 Date 12/1/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 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: Gravity 25% Reduction LPPPBPS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No (optional)

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

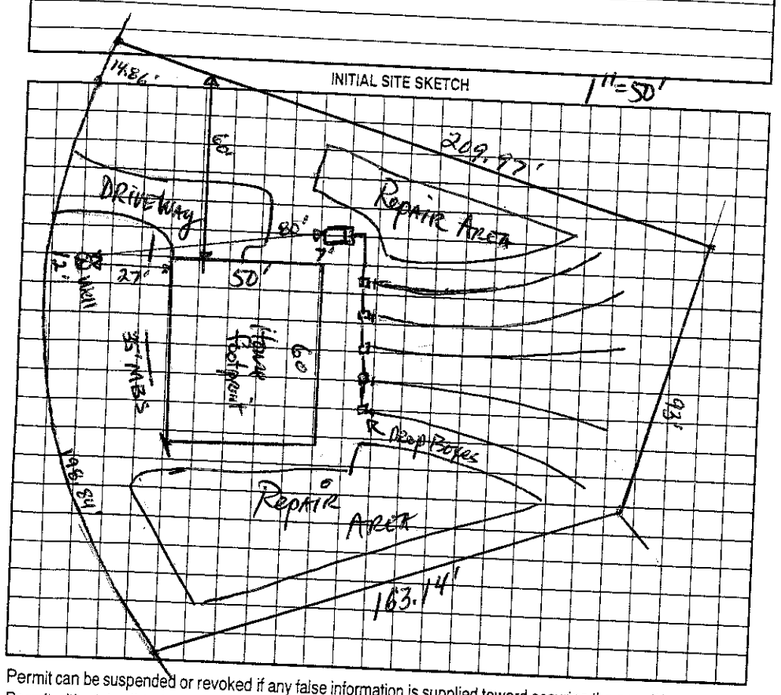
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

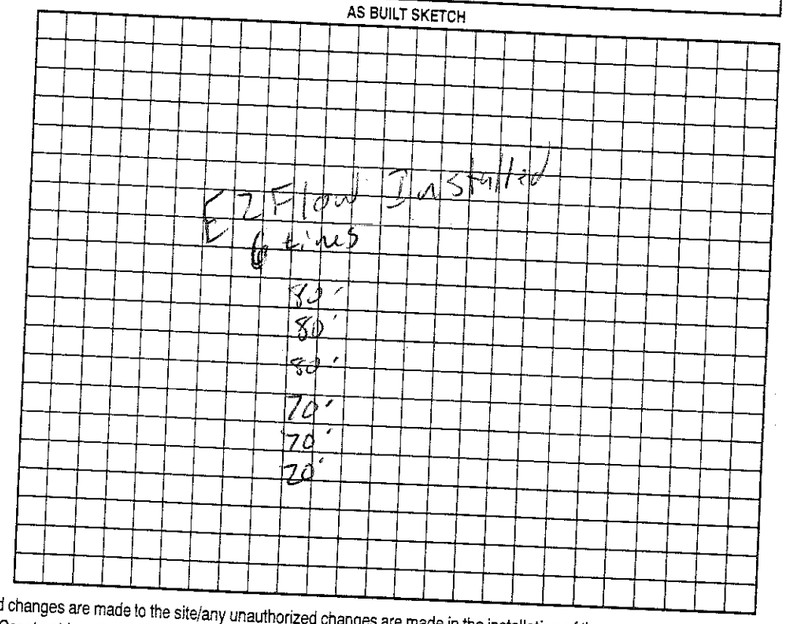
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 Bethea RS date 6-24-04

Improvement Permit by: _____ RS date 6-19-04

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

Installed by: Howards Backhoe

Operation Permit by: _____ RS date 1/21/05

Existing System Inspection by: _____ date _____

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