IREDELL COUNTY HEALTH DEPARTMENT

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

$250.00

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

PERMIT# 126487 PIN# 4626 32 0267

OWNER OR APPLICANT Mid-Atlantic Custom Bldrs. DATE 10/31/05

ADDRESS PO Box 3792 Mooresville NC 28117 PHONE: Business _____ Home _____

LOCATION BSR, TR Chuckwood TR Indian Trail on Rt

SUBDIVISION Winterlee Landing BLOCK / SECTION H LOT 17 LOT AREA 0.71 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: ST8 _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity 25% Reduction LP Pond Block

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

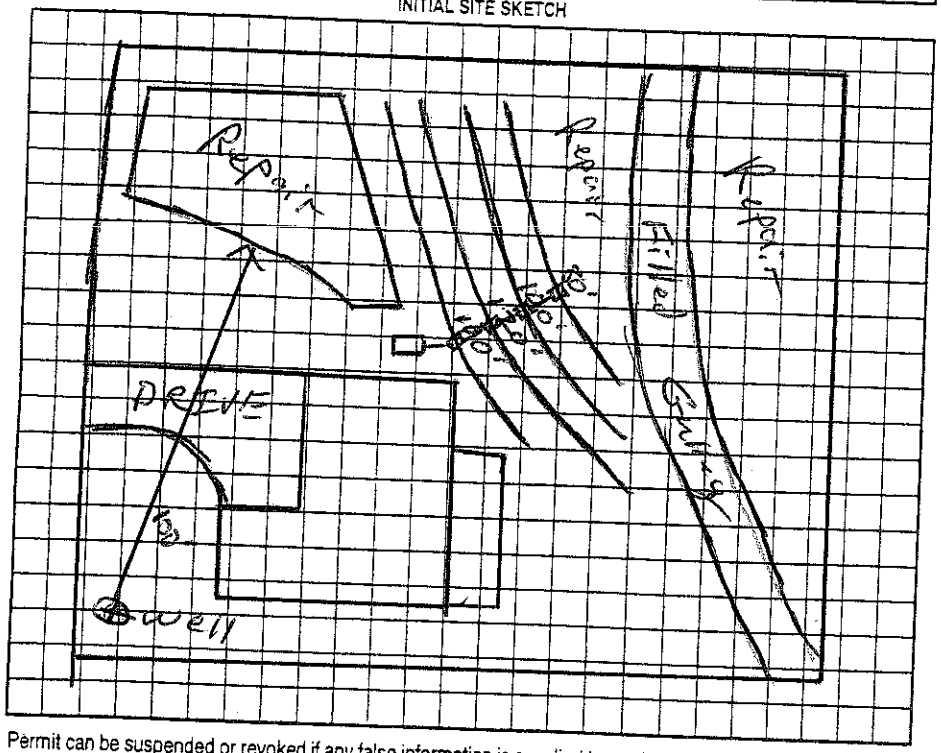
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

1"=50'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Infiltrator Sidewinder Installed

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 11-1-05 Installed by: Craig Tompson

Improvement Permit by: RS date 10/31/05 Operation Permit by: RS date 11/3/05

Authorization to Construct by: RS date 10/31/05 Existing System Inspection by: _____ date _____

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