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# 126489 PIN# 4626 32 2603

OWNER OR CONTRACTOR Bill Bethune / Mid Atlantic Custom Bldrs. PHONE: Business _____ Home _____ DATE May 12, 05

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

LOCATION Brawley Sch Rd TR Checkwood to end TR Indian Trail ½ mile ± on left

SUBDIVISION Water Tree Landing BLOCK / SECTION _____ LOT 19 LOT AREA .69Ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons STB 794 Date 5/9/05
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"

[X] New System [ ] Repair System Type: I II III IV V VI -
System Description: Genuity 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth NA

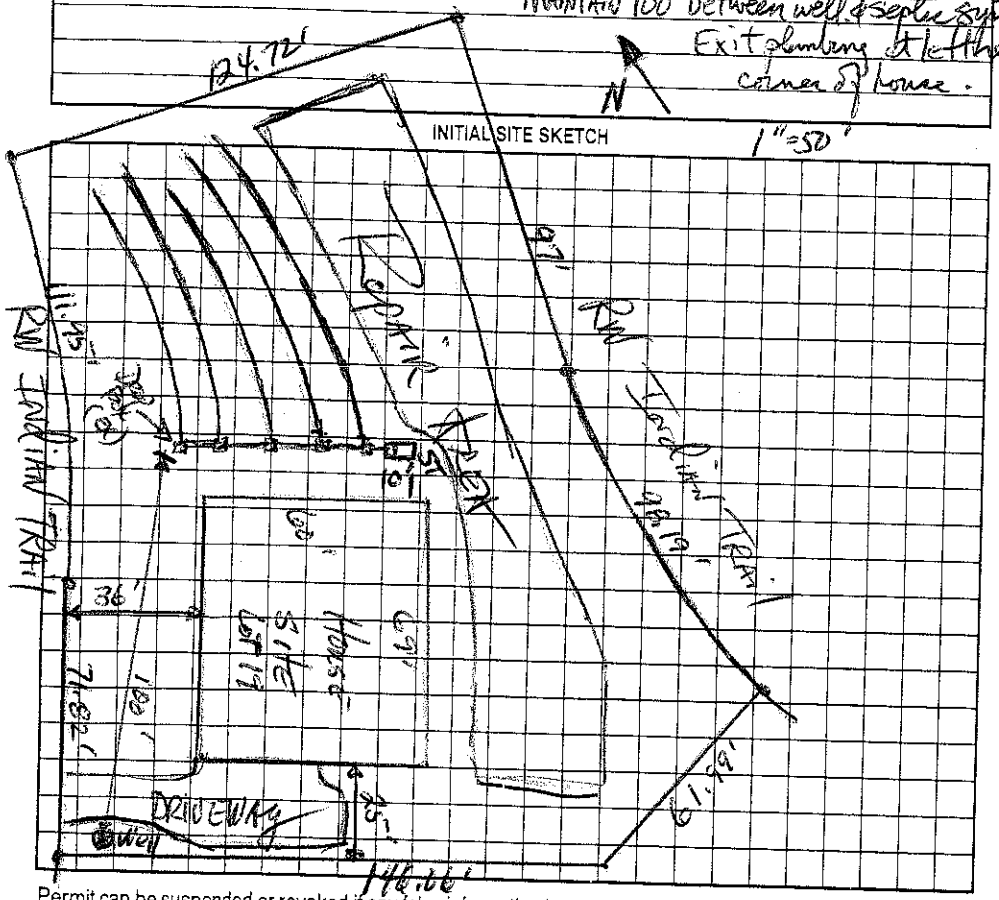
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

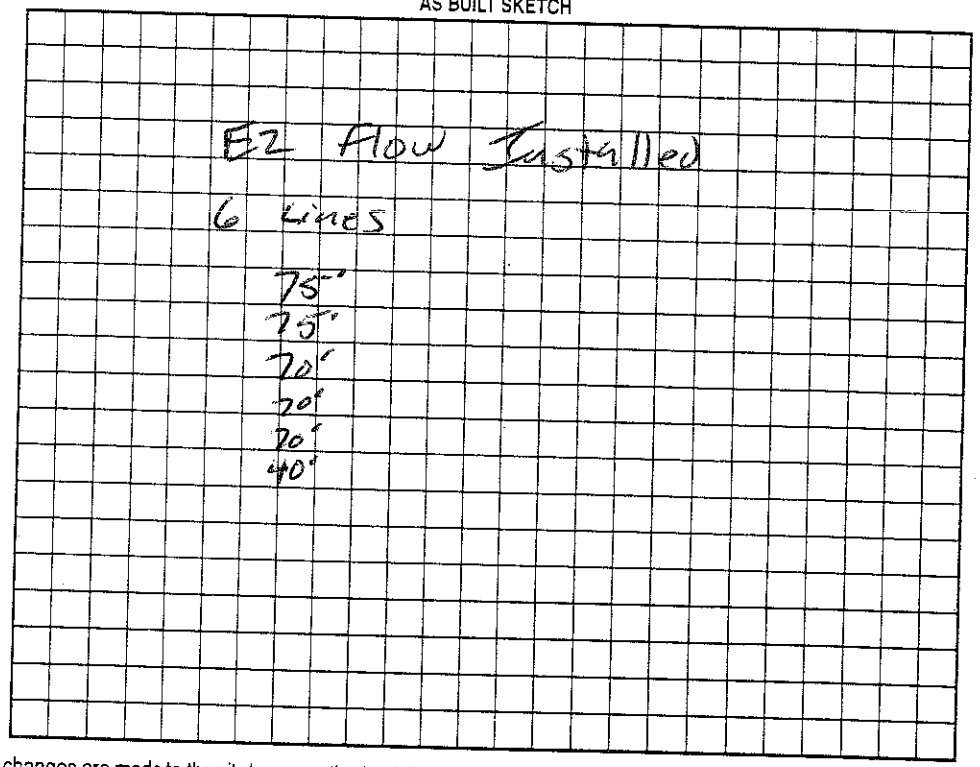
Comments:/Conditions: Maintain 100' between well & septic system. Exit plumbing at left rear corner of house.

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: Bill Bethune date 5-13-05

Improvement Permit by: _____ date 5-12-05

Authorization to Construct by: _____ date 5-12-05

Installed by: Howards Backhoe

Operation Permit by: _____ RS date 9/14/05

Existing System Inspection by: _____ date _____

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