IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 350.00 Paid MOORESVILLE 704-664-5281

PERMIT# 126496 PIN# 4626 32 5300

OWNER OR APPLICANT MidAtlantic Custom Builders PHONE: Business _____ Home _____ DATE 1/13/06

ADDRESS Po Box 3792 Mooresville, NC 28117

LOCATION Brawley School Rd @ Chuckwood @ Indian Trail @ Lot 324 Indian Trail

SUBDIVISION Waterfall Landing BLOCK / SECTION 2 LOT 26 LOT AREA .73 ACRES SITE CLASS. AS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2/13/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 64 1600 Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% reduction

Repair System Description: LL PA/PS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other ___

Water Supply: ☒ Individual ☐ Public ☐ Community

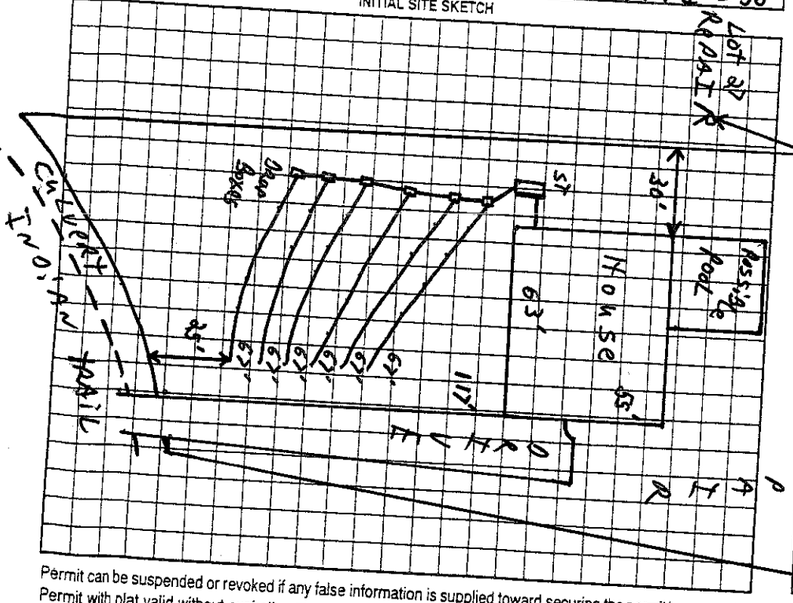
☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

Comments/Conditions:

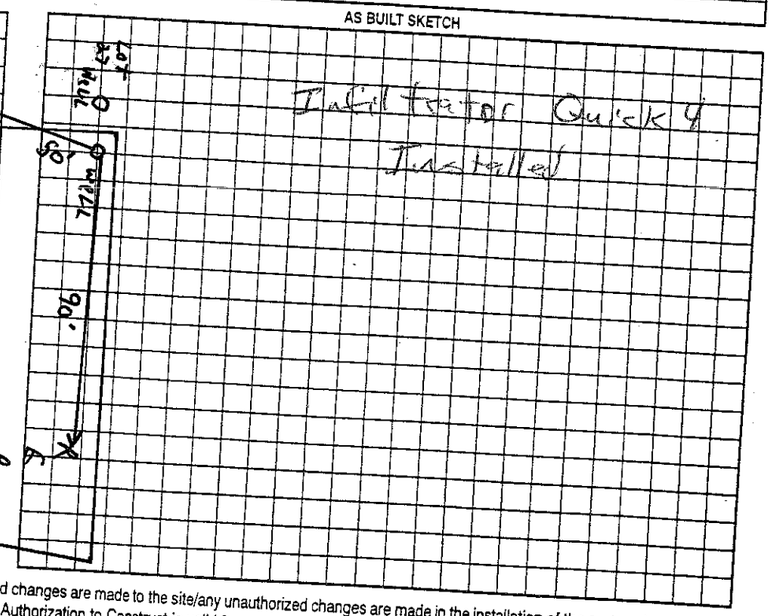
INITIAL SITE SKETCH

SCALE: 1" = 50'



AS BUILT SKETCH

Infiltrator Quick 4 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 Bettis date 1-13-06

Improvement Permit by: Ellen Arnold date 1/13/06

Authorization to Construct by: Ellen Arnold date 1/13/06

Installed by: Howard's Backhoe

Operation Permit by: [signature] AS date 5/4/06

Existing System Inspection by: _____ date _____

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