IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126499 PIN# 4626.32 8314 DATE May 27,05

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

ADDRESS P.O. Box 3192 Mooresville, N.C. 28117

LOCATION Brawley Sch Rd. TR Chuckwood TR Indian Trail at end on Right

SUBDIVISION Waterfree Landing BLOCK / SECTION _____ LOT 29 LOT AREA .99Ac SITE CLASS. P5 DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 799 Date 8/1/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6-7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction "Accepted"
Repair System Description: Gravity pumped 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

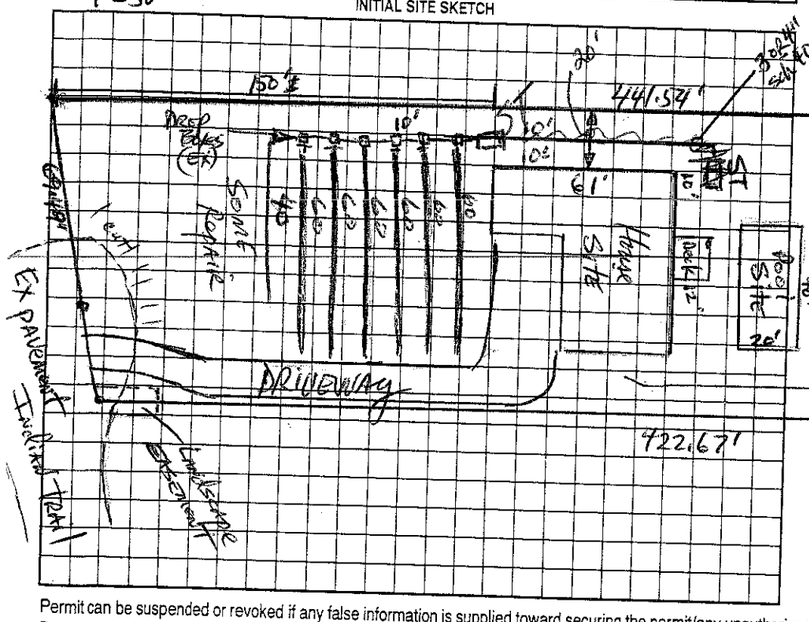
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Comments:/Conditions:

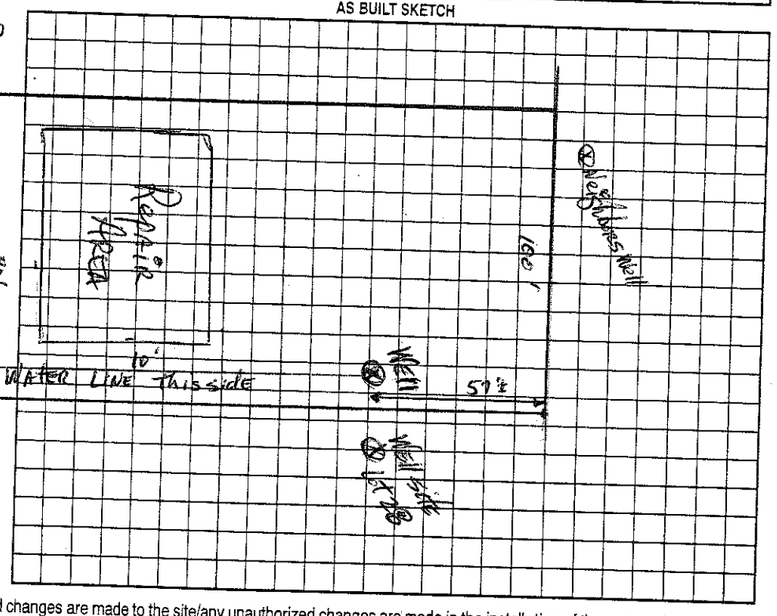
EZ Flow Installed

1"=50'

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: Bill Bethune date 5-27-05

Improvement Permit by: [signature] date 5-27-05

Authorization to Construct by: [signature] date 5-27-05

Installed by: Howard's Backhoe

Operation Permit by: [signature] RS date 9/21/05

Existing System Inspection by: _____ date _____

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