IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126500

OWNER OR APPLICANT Mid Atlantic — PIN# 4626 32 9335 — PHONE: Business _____ Home _____ DATE 2/20/06

ADDRESS PO Box 3792 Mooresville NC 28117

LOCATION Brawley School Rd @ Chuckwood @ Indian Hr @ Lot Attend

SUBDIVISION Waterfare Landing BLOCK / SECTION 2 LOT 30 LOT AREA 1.03 acres SITE CLASS. P5 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 12-16-05

Pump Tank: _____ Gallons: PT _____ Model _____ Date _____

Pump Make: _____ Serial No. _____

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12A

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

System Description: 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

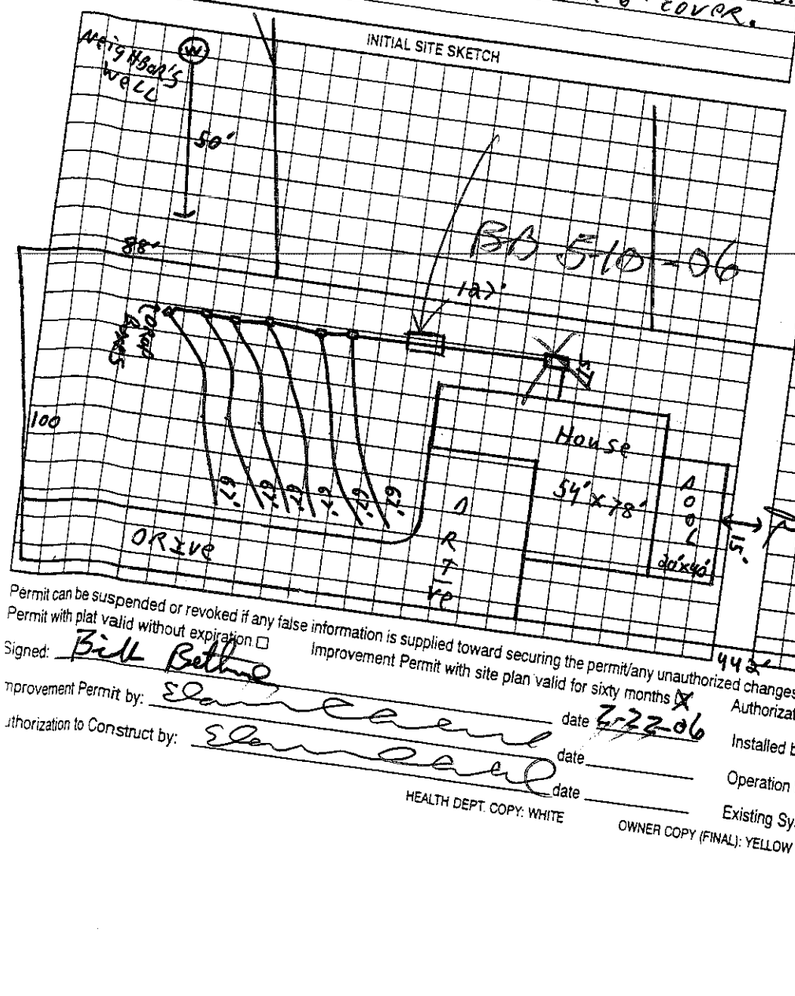
No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Install on contour. Maintain setbacks. Grade so that septic has minimum 6" cover.

Comments/Conditions: Installed Quick 4 in 3 lines

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

Improvement Permit by: Elan Laird date 2-22-06

Authorization to Construct by: Elan Laird date _____

Installed by: Howard Lakins date 5/10/06

Operation Permit by: Mark Hilderbrand RS date _____

Existing System Inspection by: _____ date _____

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