127020 2:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 35,000 Eqid MOORESVILLE 704-664-5281

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

PERMIT# ~~20050~~ PIN# 4644 389543 DATE 2/14/05

OWNER OR CONTRACTOR Artisan Custom Homes PHONE: Business 704 987-9369 Home #

ADDRESS PO Box 2218 Davidson NC 28036

LOCATION Longtree, TL Mecklyn, TR West Paces, TR Sail High Ct, at end

SUBDIVISION Westview BLOCK / SECTION ~~B~~ 5 LOT 13 LOT AREA 0.86AC SITE CLASS PS DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB ____ Date ____
Pump Tank: 1000 Gallons; PT ____ Date ____
Pump Make: Goulds Model WE0312 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP panel Block
Repair System Description: same
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

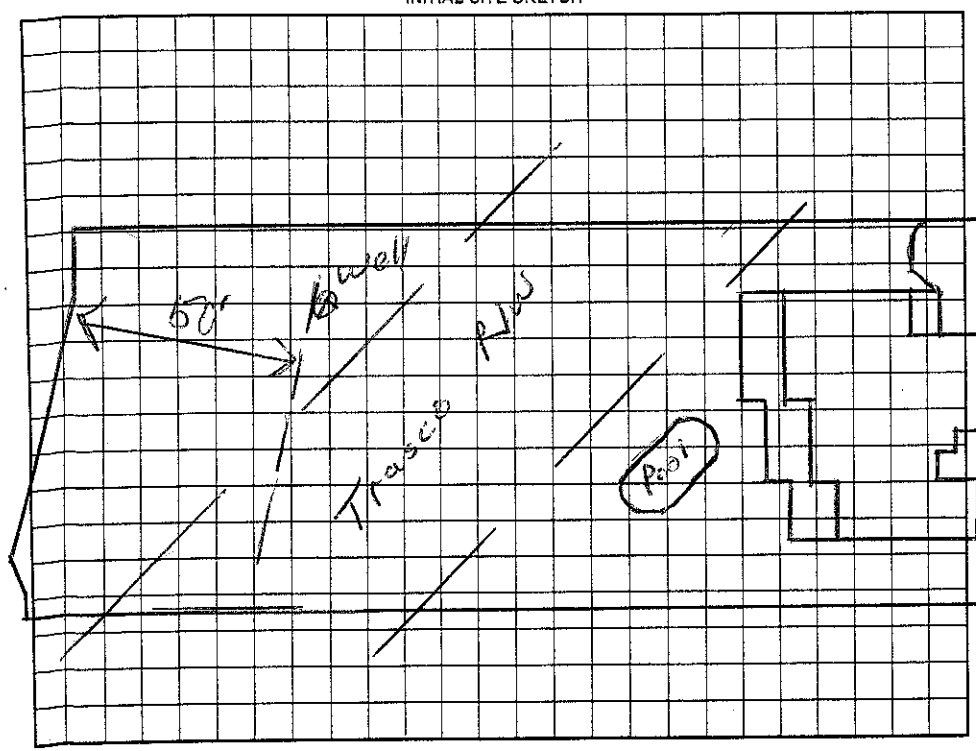
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

1"=50'

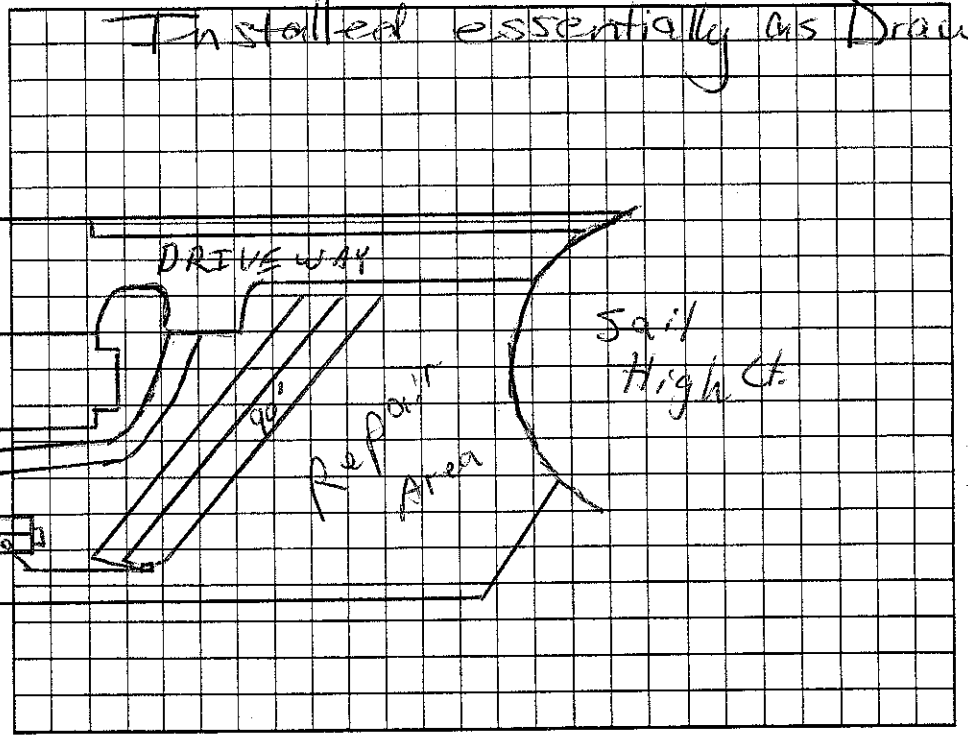
Comments:/Conditions: Checked tanks & lines 9/27/05 MD
Pressure, elect & alarm 11/23/05

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed essentially as Drawn



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: ____ date 2/18/05 Installed by: R&F RS

Improvement Permit by: RS date 2/14/05 Operation Permit by: Mark H. Dobson date 11/23/05

Authorization to Construct by: RS date 2/14/05 Existing System Inspection by: ____ date ____

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