IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152064 PIN# 4715-85-6568 DATE 2 September 08

OWNER OR APPLICANT Mid Atlantic Custom Builders PHONE: Business 704-202-1266 Home 828-478-2761

ADDRESS P.O. box 3792 Mooresville, N.C.

LOCATION N-w 90 TL Absher Farm Rd. TL Stafford Glen TL Castle Pines.

SUBDIVISION Castle Gate BLOCK / SECTION ____ LOT 86 LOT AREA 0.52 ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons: STB 1012 Date 4-16-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ≈1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth ____ ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

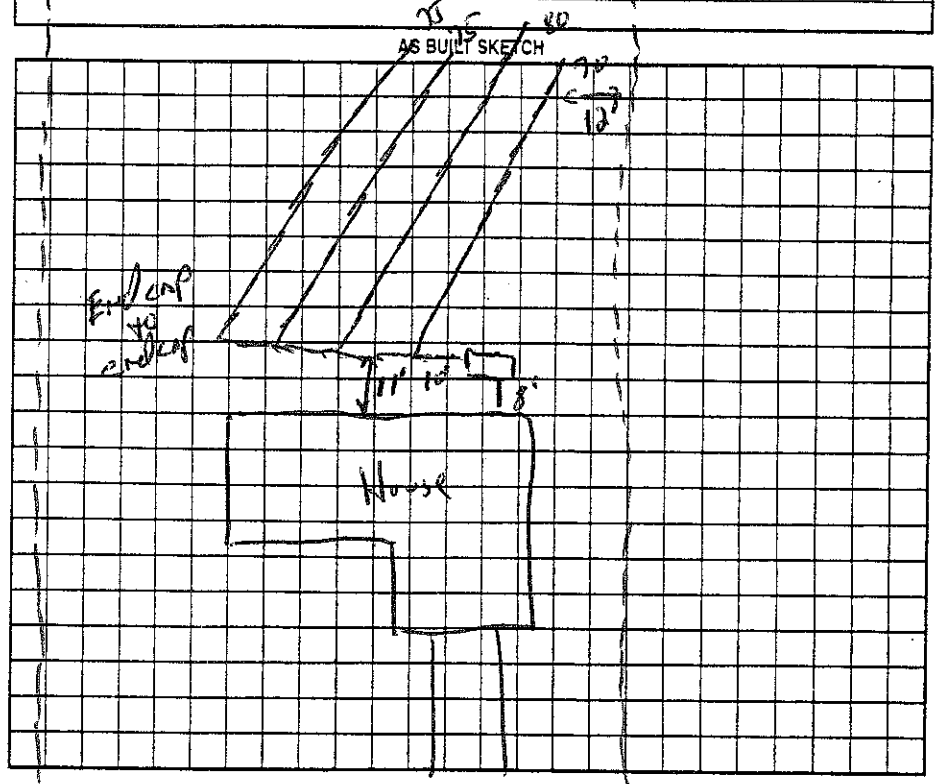
Comments/Conditions: Follow contour / Honor setback requirements.

Comments/Conditions: Polylok Filter Bio-Filter - ARC 36

INITIAL SITE SKETCH

Please see Attached Layout

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: ____ date 9-26-08

Improvement Permit by: ____, R.S. date 2 Sept. 08

Authorization to Construct by: ____, RS date 2 Sept. 08

Installed by: Groundbreakers

Operation Permit by: ____, R.S. date 9 September 09

Existing System Inspection by: ____ date ____

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