IREDELL COUNTY HEALTH DEPARTMENT

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

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

704 660-9612 DAY

PERMIT# 100671 PIN# 4741-78-8148 77-9931 DATE 3-22-04

OWNER OR CONTRACTOR William Brewster PHONE: Business 895-0556 Home 400-5066 DOUG

ADDRESS PO BOX 99 DAVIDSON NC 28036

LOCATION 21 SOUTH (L) MOORESVILLE (R) HOOVER (L) MARTHA VINEYARD (R) PAINTED BUNTING LOT #28 ON RT

SUBDIVISION MARTHA VINEYARD BLOCK / SECTION ____ LOT 28 LOT AREA 1.32AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-5-04
Pump Tank: 1000 Gallons; PT 17 Date 4-6-04
Pump Make: GOULDS Model WE05D11 Serial No 5050720788
Nitrification Field: No Fields 1 Square Feet EQ=1600' Linear Feet 270'
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: LP 50'LPED
Repair System Description: LP 50'LPED
Maintenance Agreement Required: ☒ Yes ☐ No

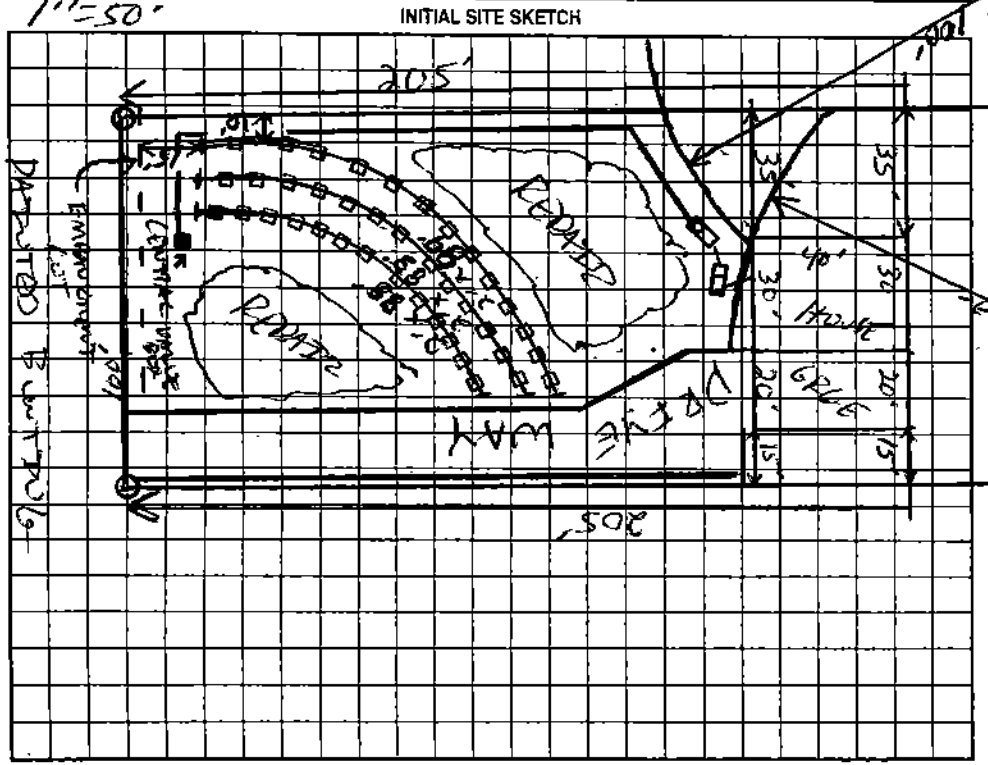
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☒ Public ☐ Community WELL

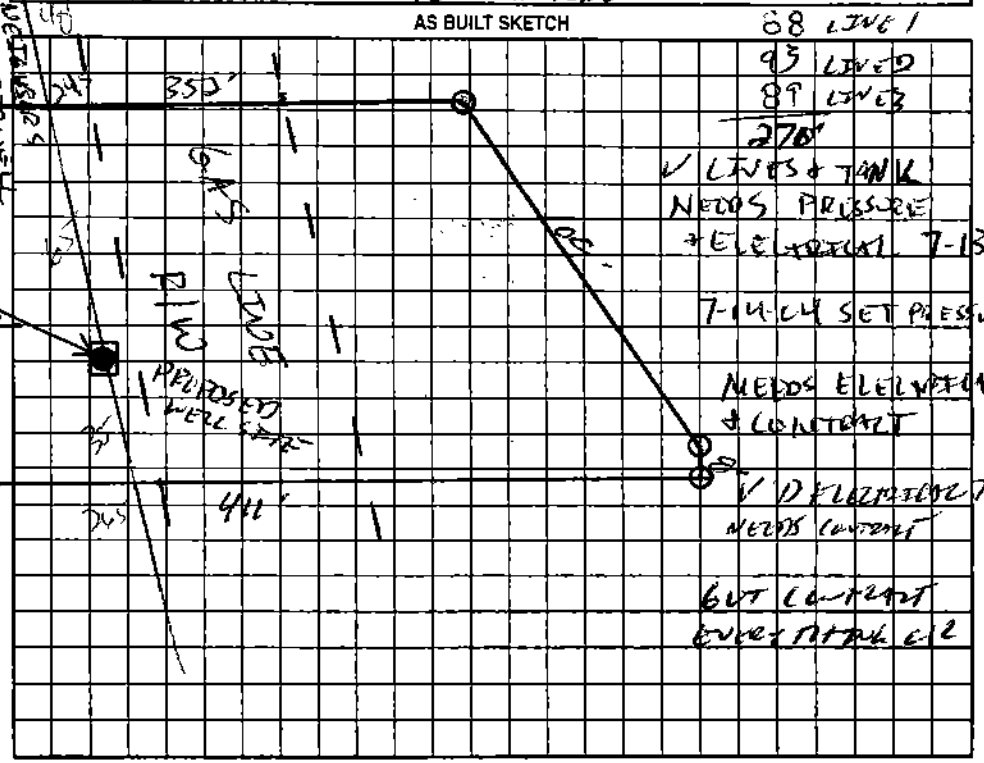
Comments:/Conditions: (1) PERMIT ISSUED OFF OF PREVIOUSLY ISSUED PERMIT DATED 7-26-01, ONLY CHANGES WERE SYSTEM TYPE, HOUSE SIZE & BEDROOMS. (2) SYSTEM IS COMPLETELY FLAGGED OUT (3) MAINTAIN SETBACKS

Comments:/Conditions: (1) CALL PRIOR TO INSTALLATION FOR PUMP SIZING & SYSTEM SPECS IF NECESSARY. (2) SYSTEMS THAT ARE TYPE IV REQUIRE A CERTIFIED OPERATOR PER 15A NCAC 18A .1961

INITIAL SITE SKETCH 1"=50'



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: [signature] date 3/22/04 Installed by: A-1 BACKHOE

Improvement Permit by: [signature] date 3-22-04 Operation Permit by: [signature] date 7-28-04

Authorization to Construct by: [signature] date 3-22-04 Existing System Inspection by: ____ date ____

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