IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 7-31-2001 CJ

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

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

PERMIT# 100686 PIN# 4741-78-2272 DATE 9-2-04

OWNER OR CONTRACTOR WILLIAM BREWSTER CO. PHONE: Business 704-895-0556 Home 704-400-5066

ADDRESS P.O. BOX 99 DAVIDSON NC 28036

LOCATION US 21 TO MURDOCK ROAD, TR HOOVER ROAD, 3RD LOT ON LEFT PAST MARTHA'S VINEYARD

SUBDIVISION MARTHA'S VINEYARD BLOCK / SECTION ____ LOT 43 LOT AREA 10.828 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 197 Date 6-30-04

Pump Tank: 1000 Gallons; PT 197 Date 6-15-04

Pump Make: GOULDS 03511M Model WE0511M Serial No. 585-601822

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Depth SAND 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 50% REDUCTION, LOW PRESSURE

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

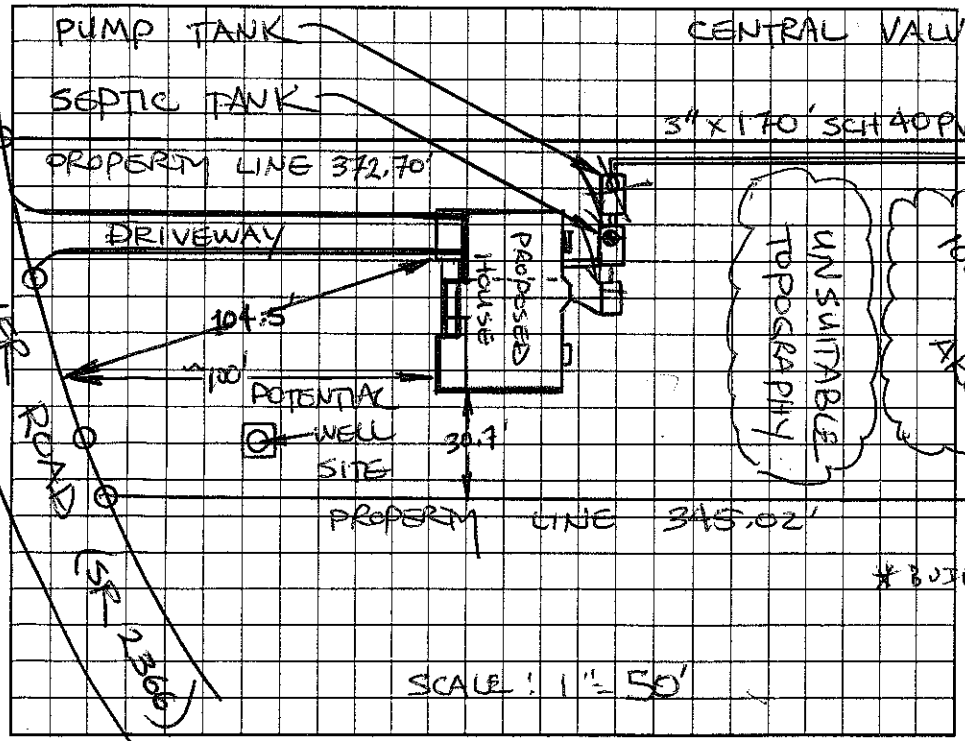
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

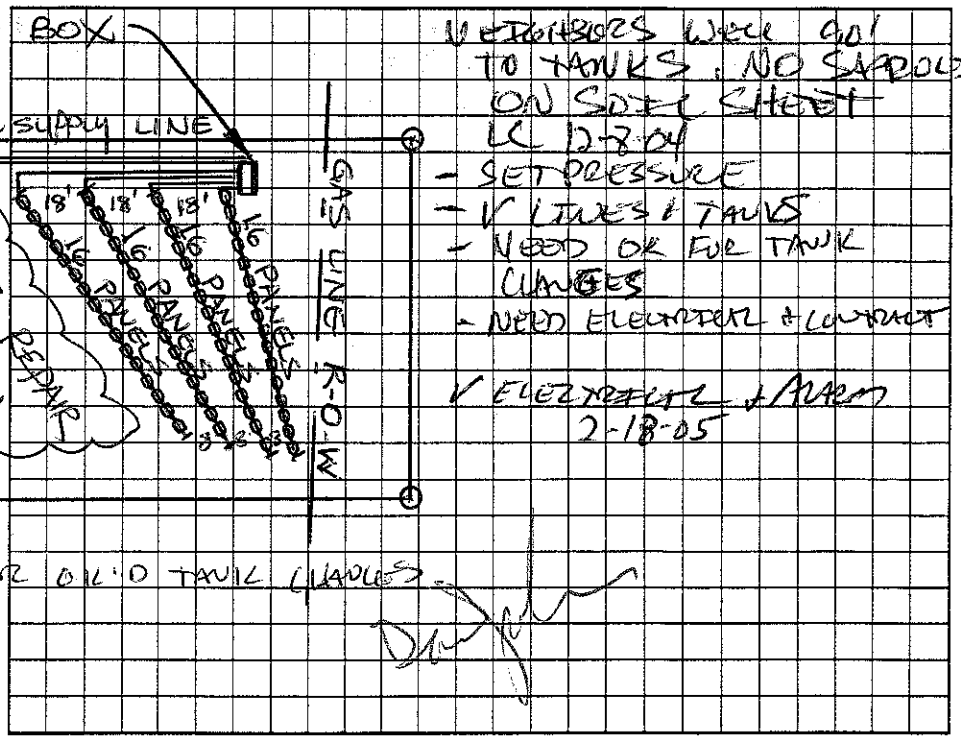
Comments/Conditions: INSTALL 50% REDUCTION SYSTEM USING 64 PPBPS PANELS WITH LOW-PRESSURE DISTRIBUTION. KEEP SYSTEM MINIMUM 100 FEET FROM WELL. SEE ATTACHED SHEETS FOR PUMP & LOW-PRESSURE DISTRIBUTION.

Comments/Conditions: A CONTRACT SHALL BE EXECUTED BETWEEN THE SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT
✓ DTANKS ON 12-7-04 LC

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: Doug Johnson date 9-7-04 Installed by: A-1 BALKHIDE

Improvement Permit by: STEVE HENDRICK date 9-2-04 Operation Permit by: [signature] date 2-18-05

Authorization to Construct by: STEVE HENDRICK date 9-2-04 Existing System Inspection by: ____ date ____

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