IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100681 PIN# ~~4741 78 81 48 RF~~ 4741-78-5385

OWNER OR CONTRACTOR WILLIAM BREWSTER PHONE: Business 895-0556 Home DATE 7/30/01

ADDRESS PO BOX 99 DAVIDSON NC 28036

LOCATION 21S - TL MURDOCK - TR HOOVER - TL MARTHAS VINEYARD - TR PAINTED BUNTING - ON RT.

SUBDIVISION MARTHAS VINEYARD BLOCK / SECTION 2 LOT 38 LOT AREA .8AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB# T1012 Date 5-2-05

Pump Tank: ____ Gallons; PT# ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1206 Linear Feet 402

No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY ~~CONVENTIONAL~~

Repair System Description: GRAVITY 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms ~~3~~ 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

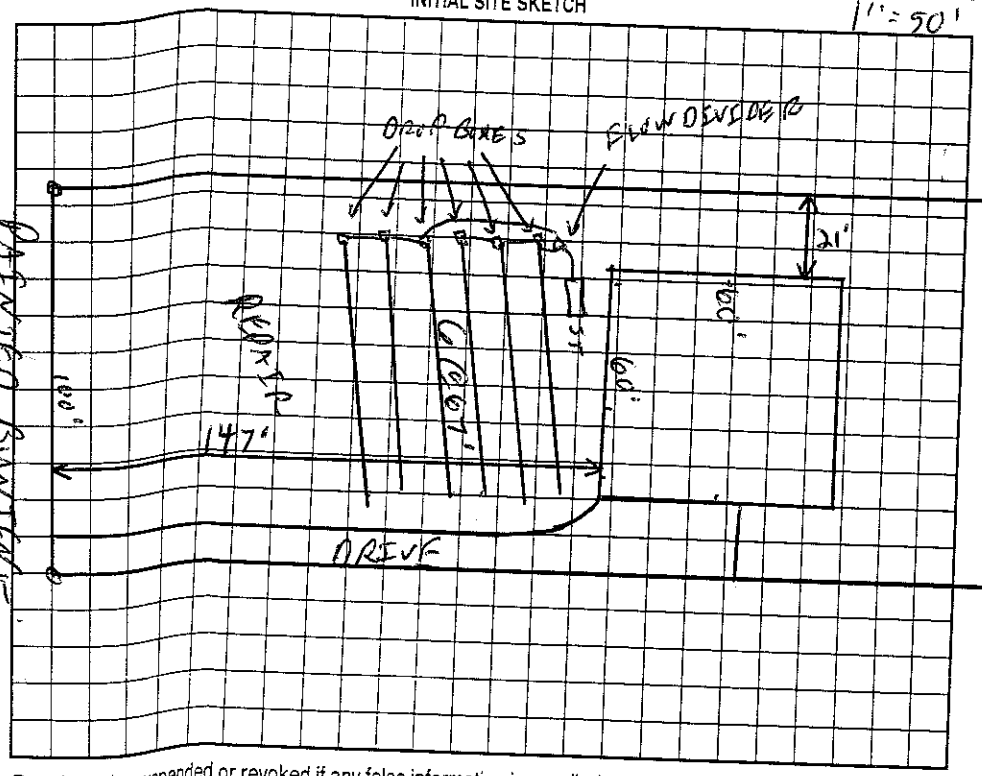
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

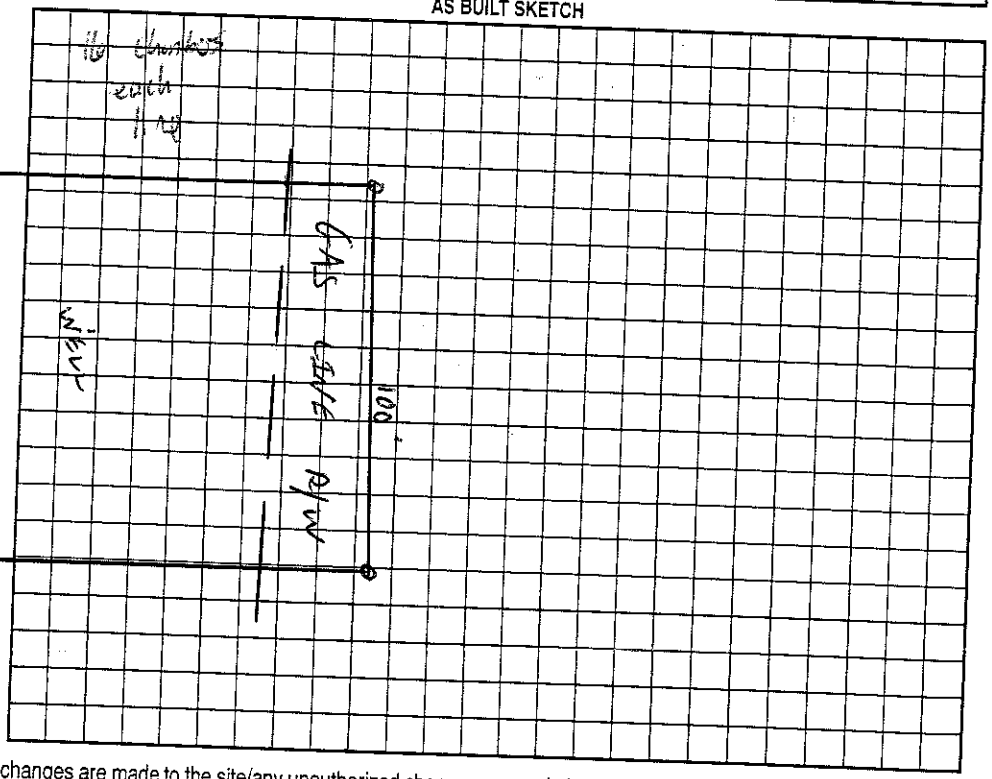
Comments:/Conditions:

Yellow Filter w/ ST marker

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: ____ date 10/8/01

Improvement Permit by: C. L. ____ RS date 7/30/01

Authorization to Construct by: ____ date 8-3-05

Installed by: A-1 Backhoe

Operation Permit by: ____ date 11/23/05

Existing System Inspection by: ____ date ____

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