IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100564 PIN# ~~4741-78-8148 (PT.)~~ 4741-78-8798 DATE 05/09/03

OWNER OR CONTRACTOR WILLIAM BREWSTER Co PHONE: Business 704-895-0556 ~~Home~~ 704-664-7166 704-400-5066

ADDRESS P.O. BOX 99 DAVIDSON, NC 28036

LOCATION 21 SOUTH, (L) MURDOCK, (R) HOOVER, (L) MARTHAS VINEYARD, (R) PAINTED BUNTING, LOT ON LEFT, ACROSS FROM MARTHAS VINEYARD RD.

SUBDIVISION MARTHAS VINEYARD BLOCK / SECTION 2 LOT 8 LOT AREA 1.02 ACRES SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 2/7/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ to 1,600 Linear Feet 400
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 30% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2½
[ ] Business No. Employees _____
[ ] Other _____
[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

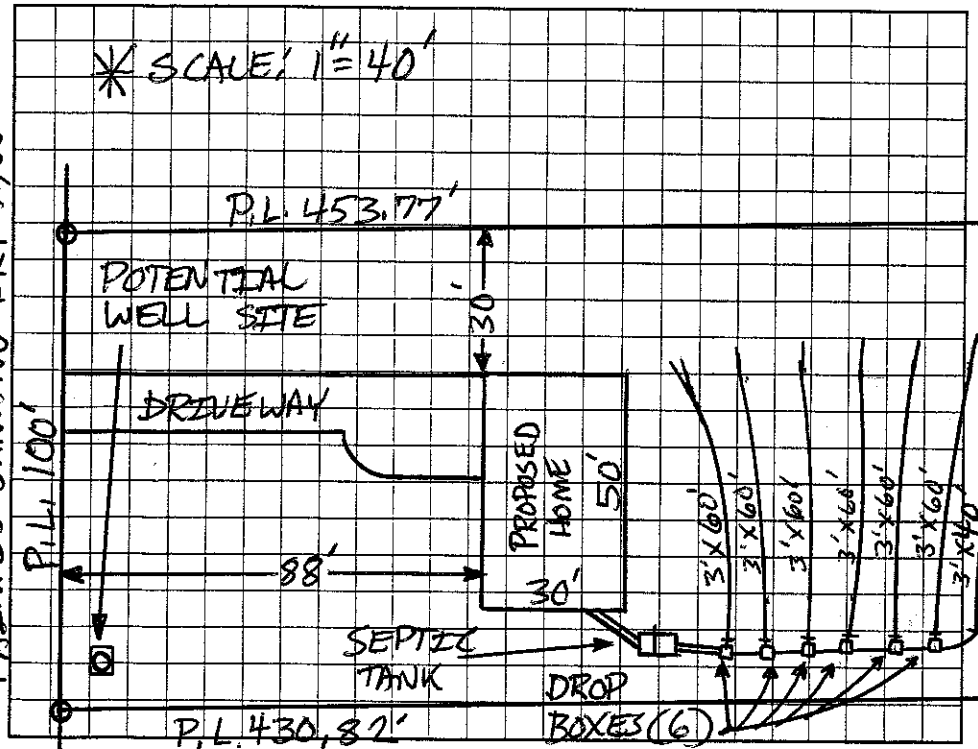
Water Supply:
[X] Individual
[ ] Public
[ ] Community
WELL

Comments:/Conditions:

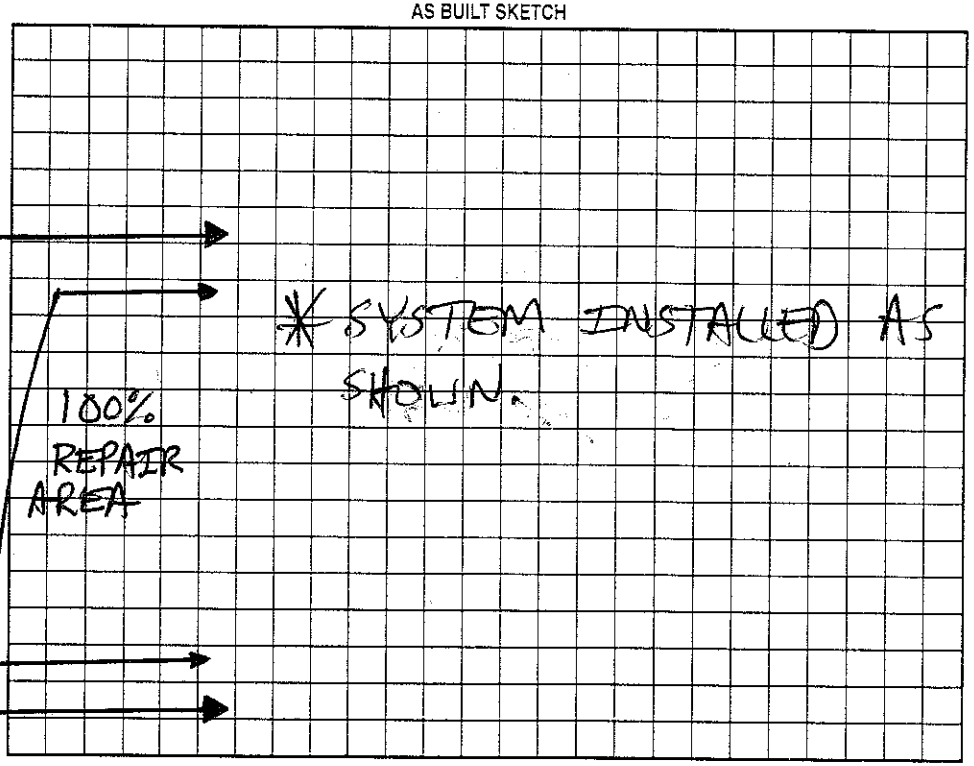
Comments:/Conditions:

* TUFF-TIGHT FILTER USED

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: Angie Blount date 5/14/03 Installed by: A-1 BACKHOE

Improvement Permit by: Patrick Mitchell date 05/09/03 Operation Permit by: Patrick Mitchell date 08/06/03

Authorization to Construct by: Patrick Mitchell date 05/09/03 Existing System Inspection by: _____ date _____

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