IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 100555 PIN# 4741-78-8917 DATE 11-24-04

OWNER OR CONTRACTOR WILLIAM BREWSTER PHONE: Business 704-895-0556 Home

ADDRESS P.O. BOX 99 DAVIDSON, NC 28036

LOCATION US21S, TL MURDOCK RD, TR HOOVER RD, TL MARTHA'S VINEYARD, TL PAINTED BUNTING DR, AT END ON RIGHT

SUBDIVISION MARTHA'S VINEYARD BLOCK / SECTION II LOT 6 LOT AREA 0.971 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 102 Date 8-8-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 240
No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 24"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

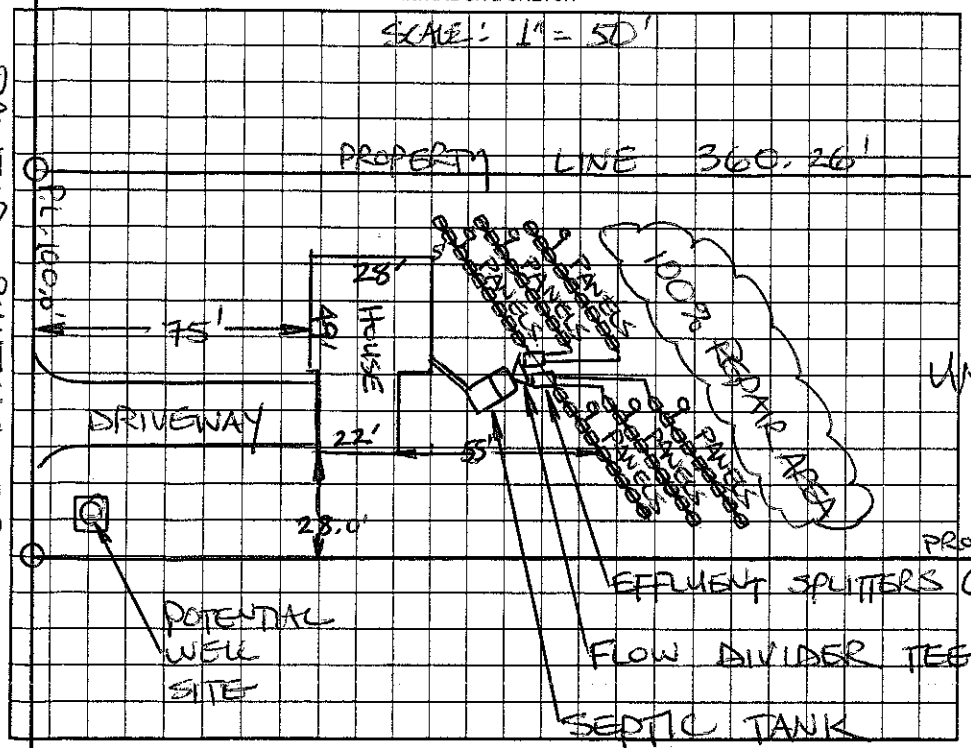
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

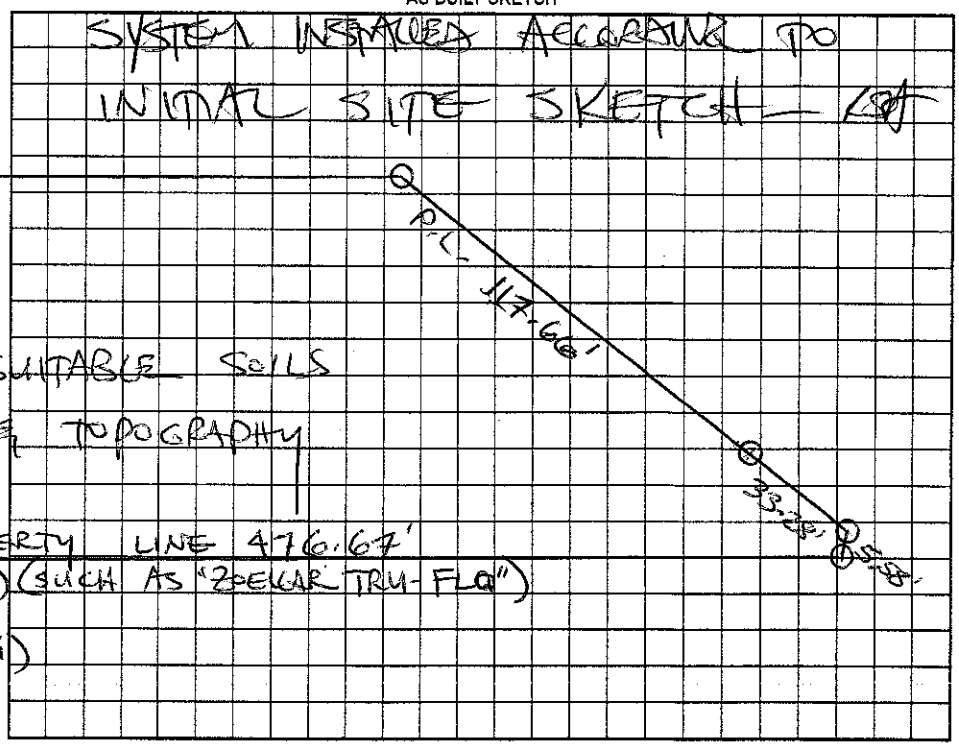
Comments/Conditions: INSTALL 50% REDUCTION SYSTEM ON CONTOUR USING 54 PPBPS PANELS. USE ONE FLOW DIVIDER FEEDING TWO EFFLUENT SPLITTERS AS SHOWN TO ACHIEVE EQUAL DISTRIBUTION INTO EACH LINE.

Comments/Conditions: TOP TWO LINES ON LEFT & TOP LINE ON RIGHT INSPECTED 3-4-05 - BH
SEPTIC TANK WITH MARKER INSTALLED USING "THETITE" RISER

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: Ginger Blount date 12-3-04 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 11-24-04 Operation Permit by: STEVE HEDRICK date 3-7-05

Authorization to Construct by: STEVE HEDRICK date 11-24-04 Existing System Inspection by: ____ date ____

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