Permit # 168535 for accessory building attached.

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100648 PIN# 4741871876 DATE 1-18-06

OWNER OR CONTRACTOR William Brewster PHONE: Business _____ Home _____

ADDRESS 6499 Davidson NC 28036

LOCATION 77S Exit 45 (R) TL onto Murdock (L) Hoover TL Mathes Vineyard TR 4th Stop Sign

SUBDIVISION Mathes Vineyard BLOCK / SECTION 2 LOT 17 LOT AREA .720 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .125

Septic Tank: 1000 Gallons; STB 1012 Date 1-12-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 320
No Lines 8 Trench Width 24 Max Trench Bottom Depth 36

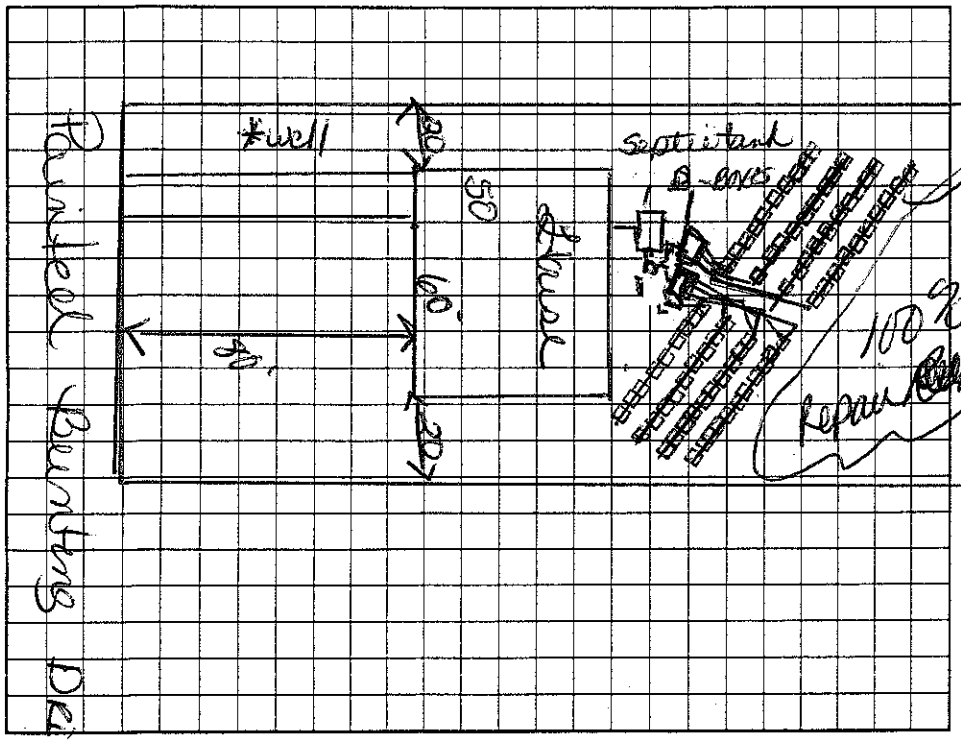
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 50% Gravity
Repair System Description: 2 pp
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

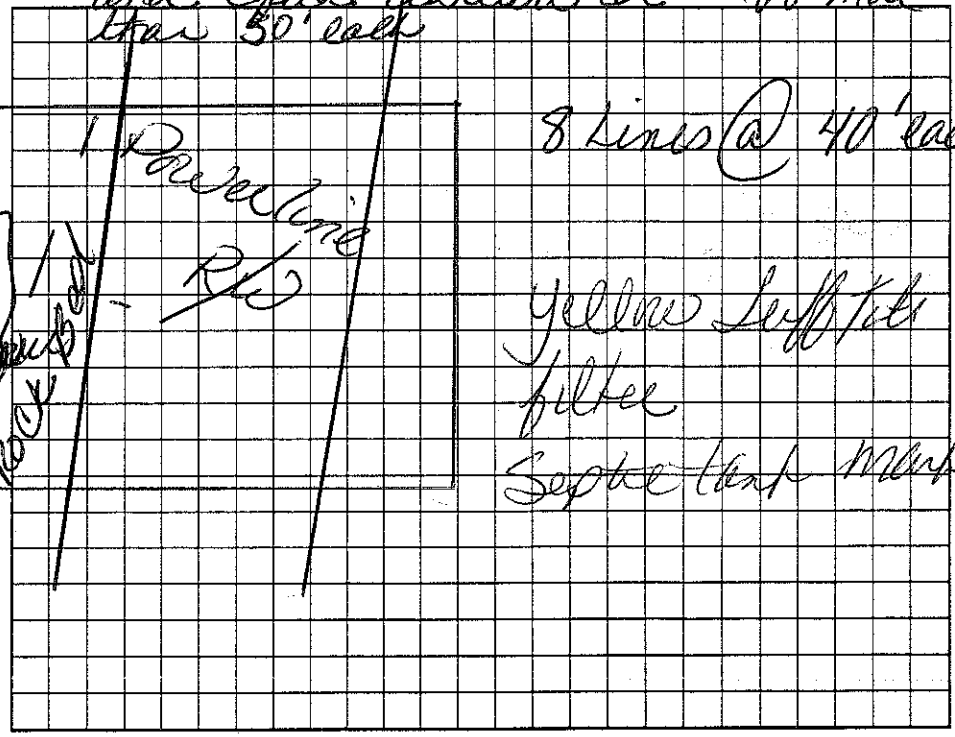
Comments:/Conditions: (2) Distribution boxes
(1) D-box - 4 lines on Right
(1) D-box - 4 lines on Left
(1) T-flow Divider

INITIAL SITE SKETCH




Comments:/Conditions:
Installation on contour
Maintain all setbacks
Lines must be equal lengths and equal distributed - no more than 50' each

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: Mark D. Hyde date _____ Installed by: H-1 Backhoe

Improvement Permit by: Lewis Cook date 1-18-06 Operation Permit by: Lewis Cook date 1-20-06

Authorization to Construct by: Lewis Cook date 1-18-06 Existing System Inspection by: _____ date _____

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