IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c1) MOORESVILLE 704-664-5281

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

PERMIT# 100605 PIN# ~~4741 78 81 4 8 PT~~ 4741-88-0185 DATE 7/25/01

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

ADDRESS PO BOX 99 DAVIDSON NC 28036

LOCATION 215 - TL MURDOCK - TR HOOVER - TL MARTHAS VINEYARD - TR PAINTED BUNTING - ON LT

SUBDIVISION MARTHAS VINEYARD BLOCK / SECTION II LOT 14 LOT AREA .8AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 7-31-04
Pump Tank: ___ Gallons; PT ___ Date ___
Pump Make: ___ Model ___ Serial No. ___
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

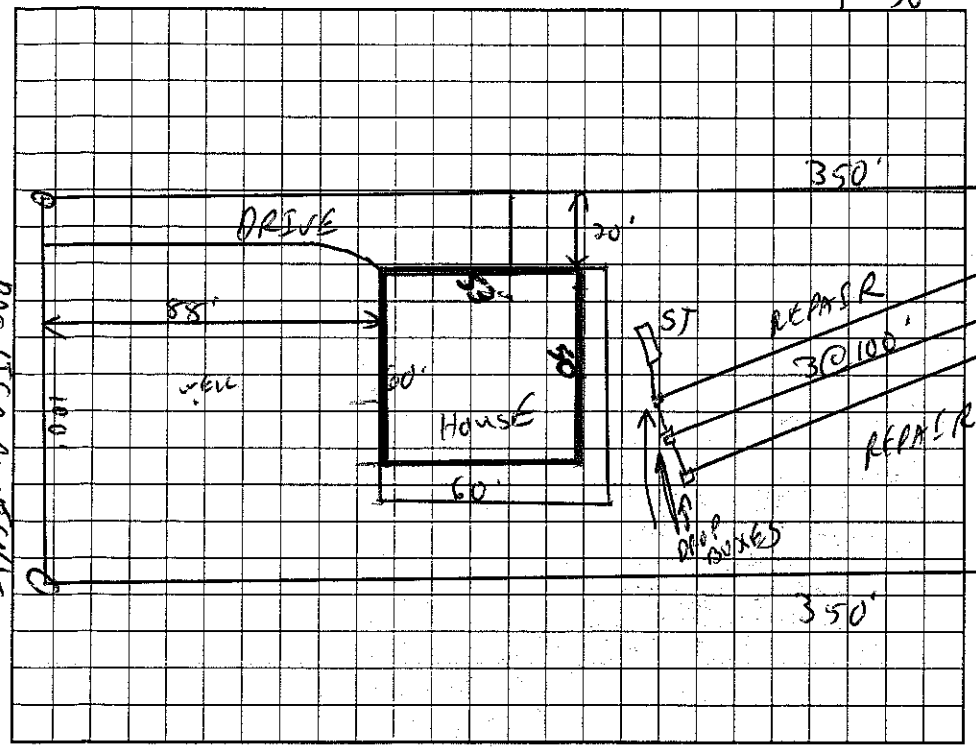
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ___
☐ Other ___
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

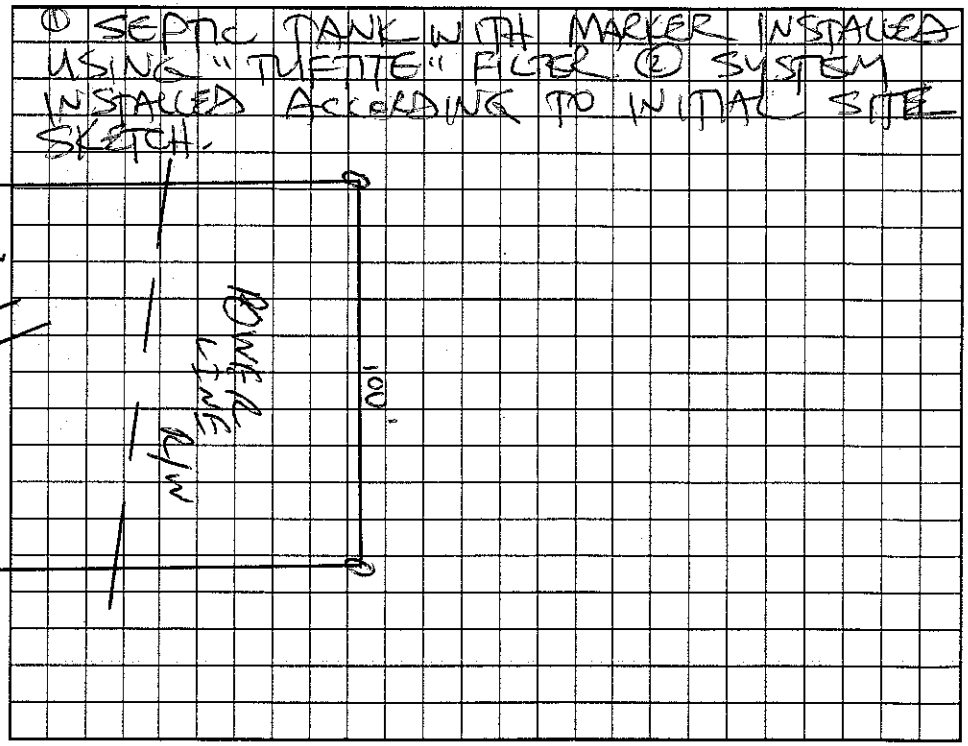
Comments:/Conditions:

Comments:/Conditions: (1) KEEP FALL TO TANK OR PUMP WELL BE REQUIRED (2) STAKED OFF ON A 53'x50' HOUSE PLAN FOR THE AC

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: ___ date 10/8/01 Installed by: A-1 BACKHOE

Improvement Permit by: ___ RS date 7/25/01 Operation Permit by: STEVE HEDRICK date 2-16-05

Authorization to Construct by: ___ date 12/24/04 Existing System Inspection by: ___ date ___

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