CI 50 x 33

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100603 PIN# ~~4744-78-8148-AF~~ 4741-88-0303 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 CT.

SUBDIVISION MARTHA VINEYARD BLOCK / SECTION II LOT 12 LOT AREA .84 AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .36 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-26-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

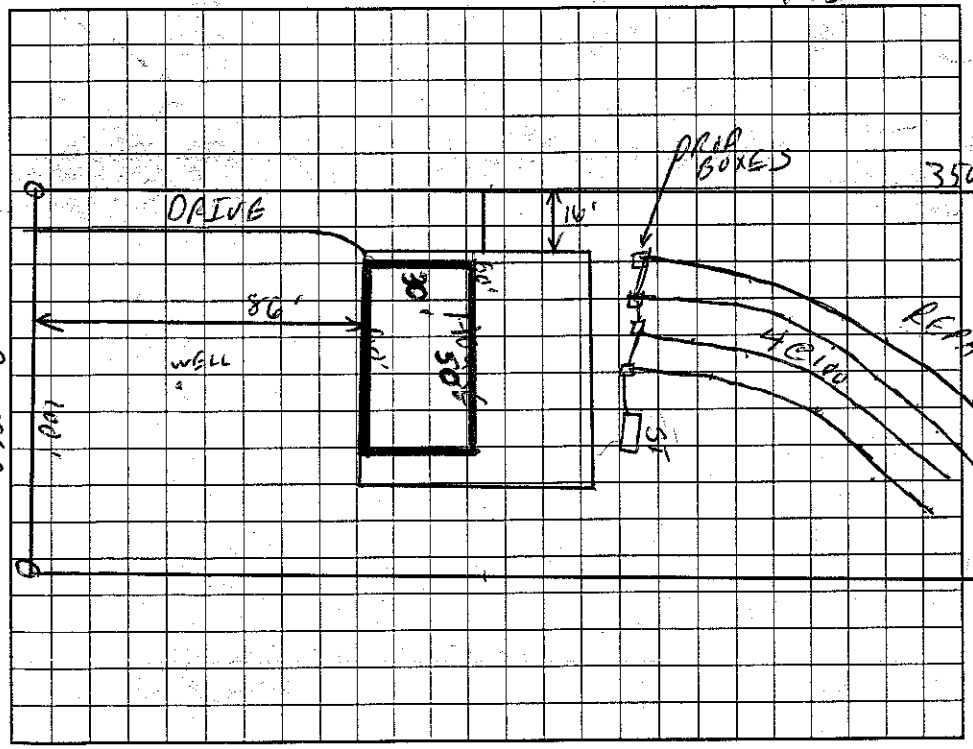
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

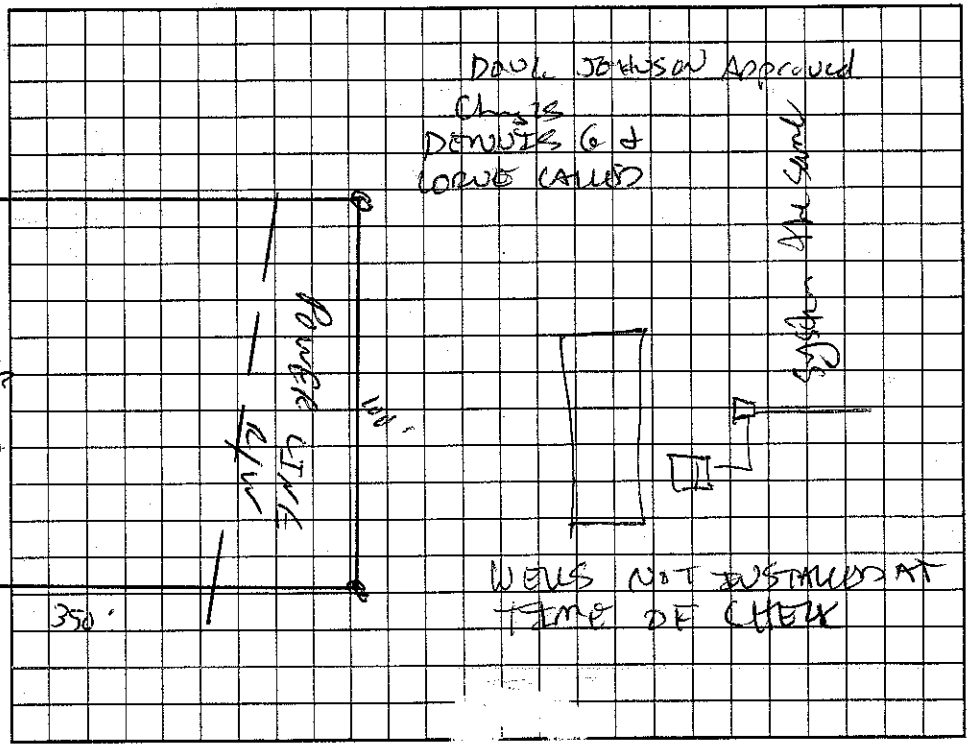
Comments:/Conditions:

Comments:/Conditions: ~~X~~ (1) KEEP PROPER FALL TO THE TANK OR PUMP WILL BE REQUIRED. (2) APPROVED 50' x 33' HOUSE PLAN FOR THE AC

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 10/18/01 Installed by: A-1 BACKHOE

Improvement Permit by: date 7/25/01 Operation Permit by: date 2-23-05

Authorization to Construct by: date 2/28/02 Existing System Inspection by: date

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