IREDELL COUNTY HEALTH DEPARTMENT

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

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

4702-4015

PERMIT# 100704 PIN# ~~4744 78 81 48 PT~~ 4741-88-2390 DATE 10/5/01

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

ADDRESS PO BOX 99 DAVIDSON NC 28036

LOCATION 215 - TL MURDOCK - TR HOOVER. TR PAINTED BUNTING. TL SCARLET TANAGER. ON RT

SUBDIVISION MATHIAS VINEYARD BLOCK / SECTION II LOT 56 LOT AREA 1.10AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .36RD/KF2

Septic Tank: 1000 Gallons; STB 1012 Date 2-2-04

Pump Tank: 1000 Gallons; PT 17 Date 11-28-04

Pump Make: GOULDS Model WE0311M Serial No. A054404-3

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: PUMP CONVENTIONAL

Repair System Description: PUMP 250G REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

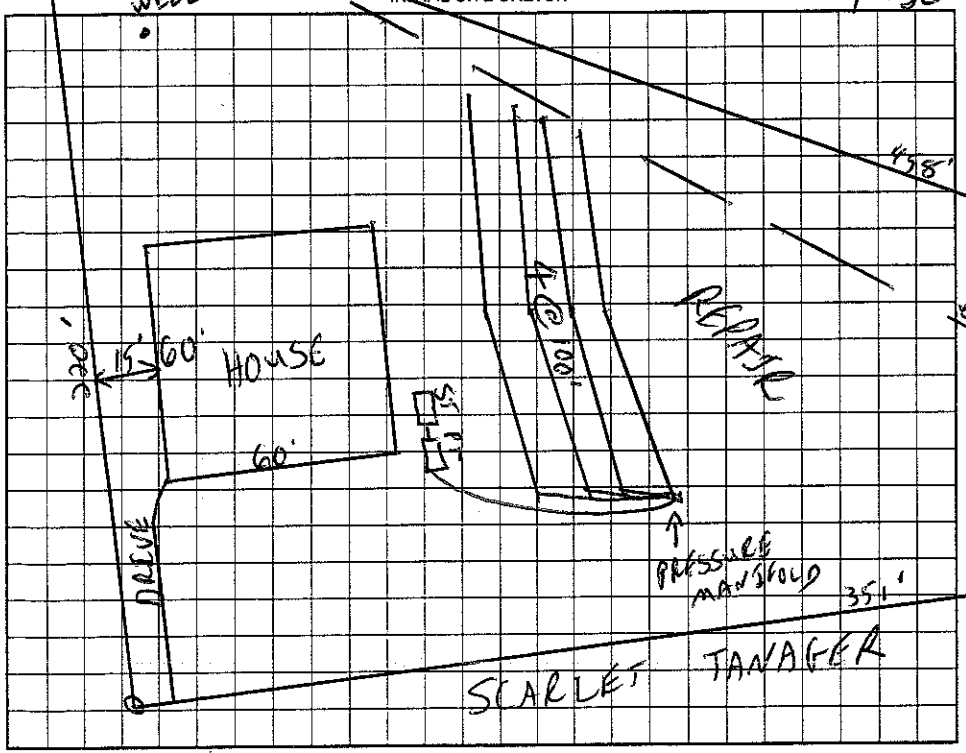
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

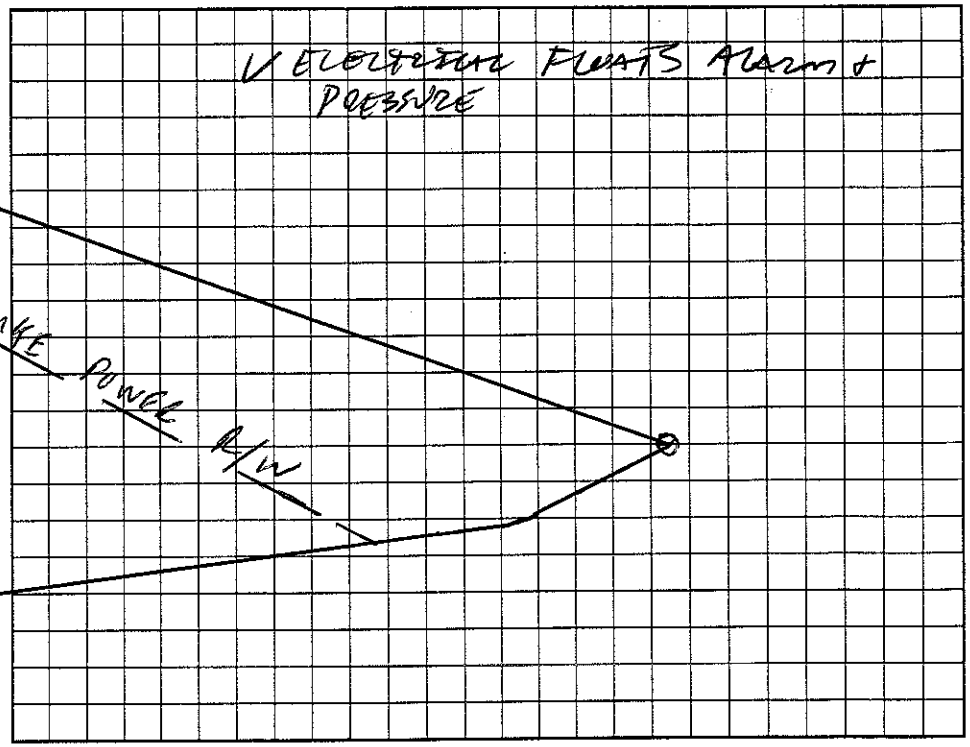
Comments:/Conditions: APPROVED 3 BEDROOM PLAN. SEE ATTACHED 1"=50' PLAN. SEPTIC AREA & REPAIR REMAINS UNALTERED

Comments:/Conditions: SET TANICS 2-23-05 DRAWLINES INSPECTED 3-4-05 - RSH

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 10/8/01 Installed by: A1 BACKHOE

Improvement Permit by: _____ RS date 10/5/01 Operation Permit by: _____ RS date 4-22-05

Authorization to Construct by: _____ RS date 11-19-04 Existing System Inspection by: _____ date _____

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