IREDELL COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATE

DATE ______ MAX

PERMIT# 127748 20 PIN# 4629 60 7562.000 PHONE: Business 704-202-4964 Home ______

OWNER OR CONTRACTOR Spear Builders Inc. Mooresville, NC 28117

ADDRESS 192 Wildwood Cove Dr. TL Morrison Farm Rd. TR Allendale to only vacant lot on (R)

LOCATION Perth N, TL Duke Pwr State Park, DESIGN FLOW 360 L.T.A.R. .3

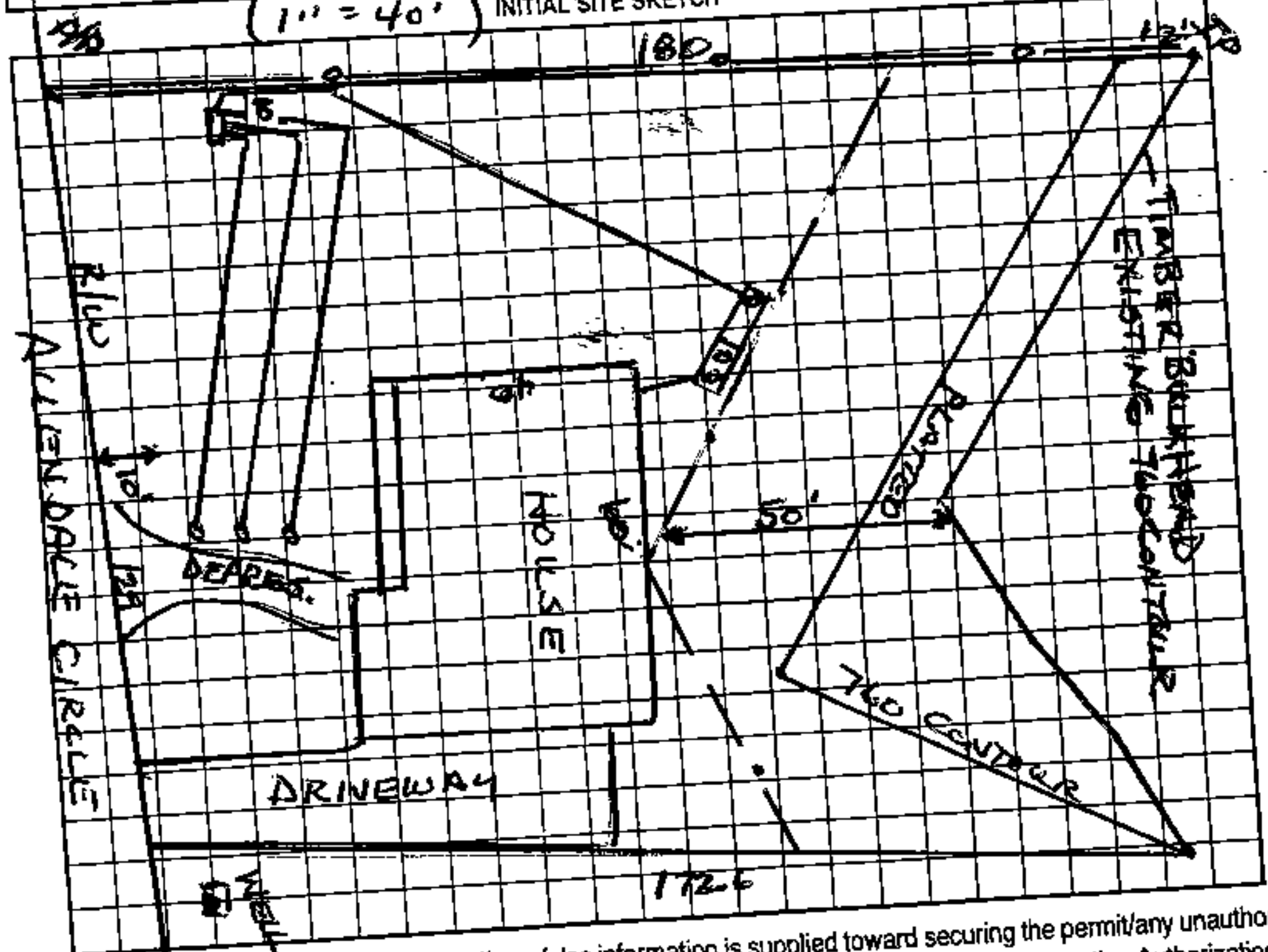
SUBDIVISION Allendale BLOCK / SECTION ______ LOT 7 LOT AREA .418 AC SITE CLASS. PS

Septic Tank: 1000 Gallons; STB RSI 825 Date 9-15-05	☒ New System ☐ Repair System Type: I, II, III, (IV) V, VI	☒ House/Mod. Home No. Bedrooms 3
Pump Tank: 1000 Gallons; PT 302 Date 8-20-03	System Description: Pres Dosed - 16" PPBPS	☐ Mobile Home No. Bathrooms 3
Pump Make: Zoeller Model N152 Serial No. ______	Repair System Description: < 1983 Plat Recorded	☐ Business No. Employees ______
Nitrification Field: No Fields 1 Square Feet 600-900 Linear Feet 200	Maintenance Agreement Required: ☒ Yes ☐ No	☐ Other ______
No Lines 3@67' Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No	☐ Slab ☐ Crawl Space ☒ 1/2 Basement w/plumbing ☐ Basement wo/plumbing	Water Supply: ☒ Individual ☐ Public ☐ Community

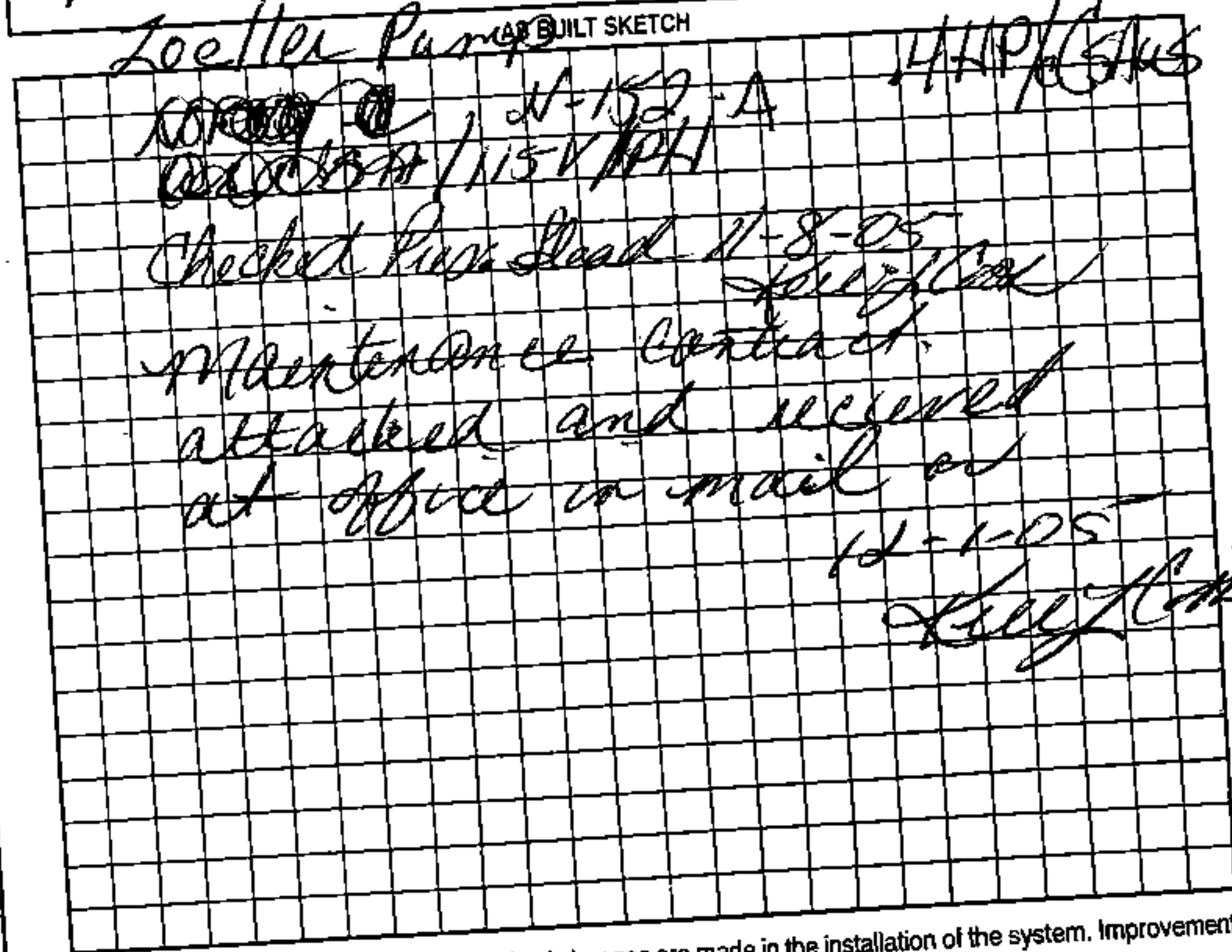
Comments:/Conditions. Well to be located on lot 6 (Right)
Very tight 1/2 basement only

Comments:/Conditions: Blue Lift-Lite filter
Septic tank risers

INITIAL SITE SKETCH (1" = 40')



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 7/6/05 Installed by: Rowan Septic date 11-8-05

Improvement Permit by: Wesley Sparks R.S. date 6/20/05 Operation Permit by: James ______ date 4-13-06

Authorization to Construct by: Wesley Sparks R.S. date 6/20/05 Existing System Inspection by: ______

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