IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12440 4 PIN# ~~4636-76-3226.5~~ 4636763371 DATE 9/11/06

OWNER OR APPLICANT Ryan Wenzel / SPEAR BUILDERS PHONE: Business _____ Home _____

ADDRESS 108 Plainview Ct Mooresville NC 28115

LOCATION RSR, TL Canvasback, TR Old Sqaw, TL Billy Joe, TR Pintail, on Lt

SUBDIVISION Hammocks BLOCK / SECTION _____ LOT 5 LOT AREA 1.93AC SITE CLASS. AS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 828 Date 6-28-07
Pump Tank: 1006 Gallons; PT 302 Date 6-28-07
Pump Make: Zoeller Model A-152 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3@90" Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons _____ No. Employees _____

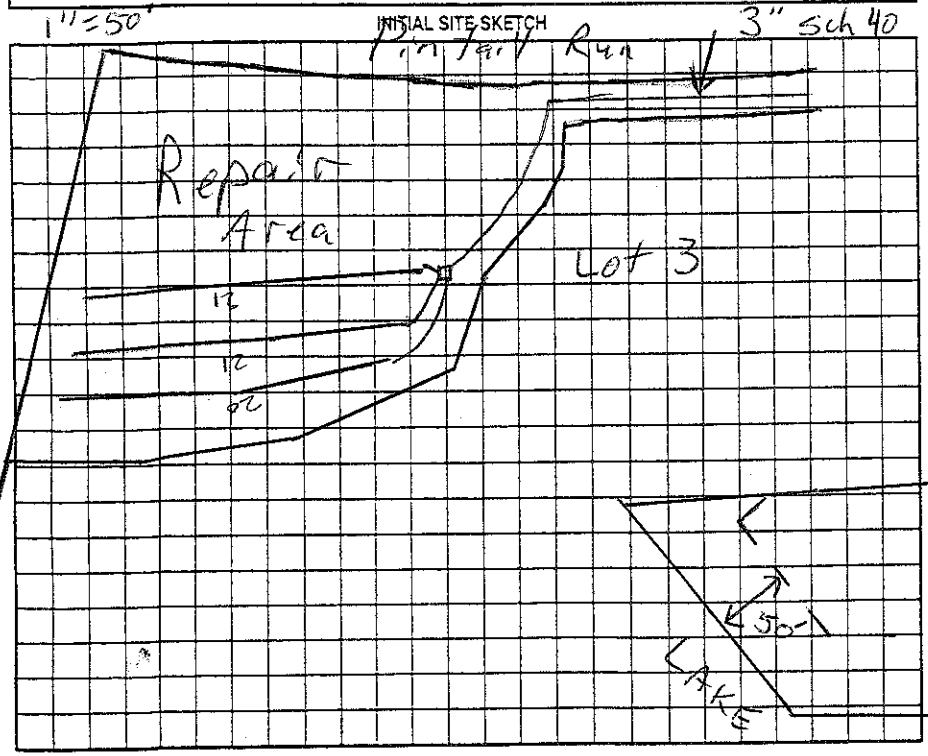
Water Supply: ☐ Individual ☐ Public ☐ Community

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

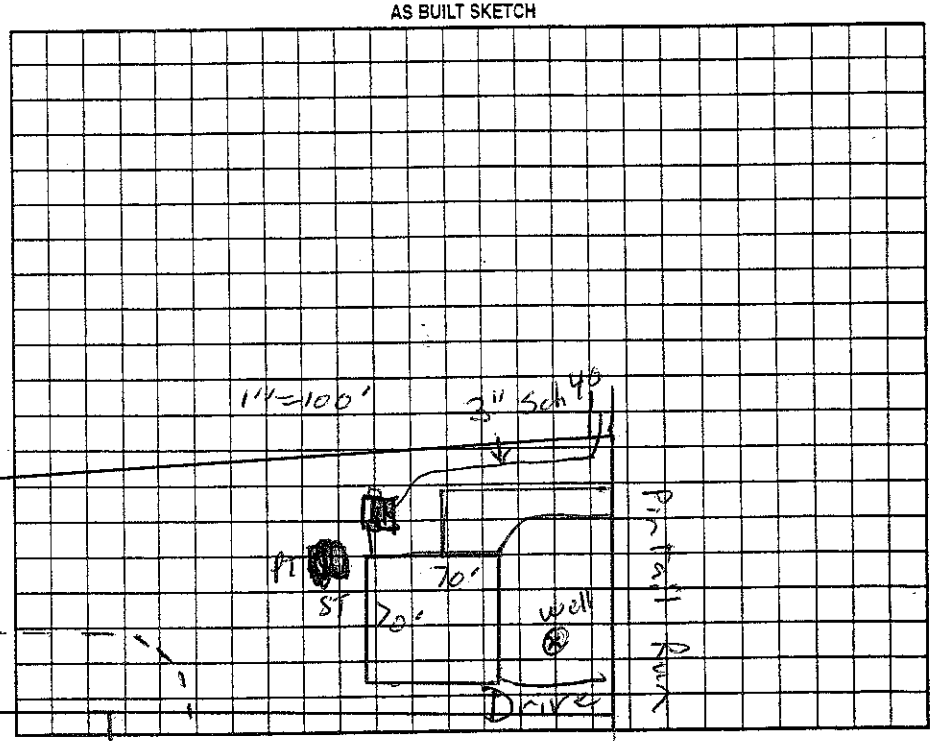
Comments:/Conditions:
62 Panel with 5/32" holes = 25.42 g.p.m

Comments:/Conditions: 8/14/07 Checked tanks & Supply line to road

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 9/11/06 Installed by: Rowan Septic

Improvement Permit by: RS date 9/11/06 Operation Permit by: Wesley Sparks R.S. date 1/3/08

Authorization to Construct by: Wesley Sparks R.S. date 5/9/07 Existing System Inspection by: _____ date _____

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