IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138319 PIN# 4645075214 DATE 10-6-06

OWNER OR APPLICANT Spear Builders Inc /owner Manish Patel PHONE: Business 704-202-4964 Home 704-202-4964

ADDRESS 172 Allendale Circle Troutman 28166

LOCATION Alcove Rd TR Templeton TL Camino Real on right (220 Camino Real Rd)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.19 Ac SITE CLASS. Ps DESIGN FLOW 480gpd L.T.A.R. .13gpd/ft²

Septic Tank: 1000 Gallons: SIB 825 Date 8-15-06

Pump Tank: 1000 Gallons; PT 302 Date 6-24-06

Pump Make: Zoeller Model N152 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction pump pm

Repair System Description: 25% reduction pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

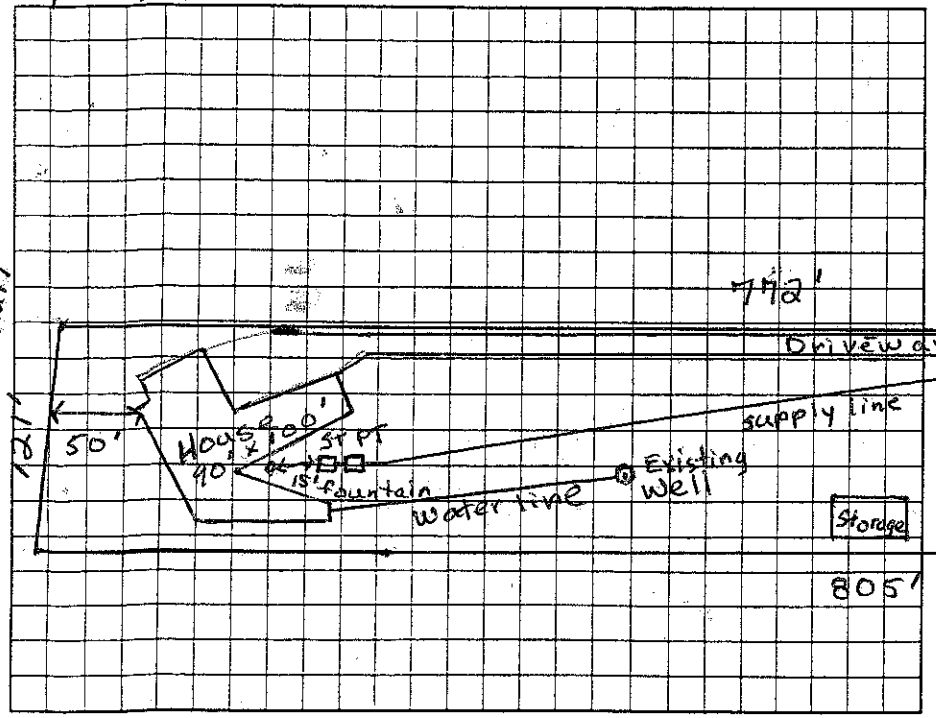
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Abandon existing system and Removing existing Home (not shown) Using existing well for new home - well 200' from new drainfield

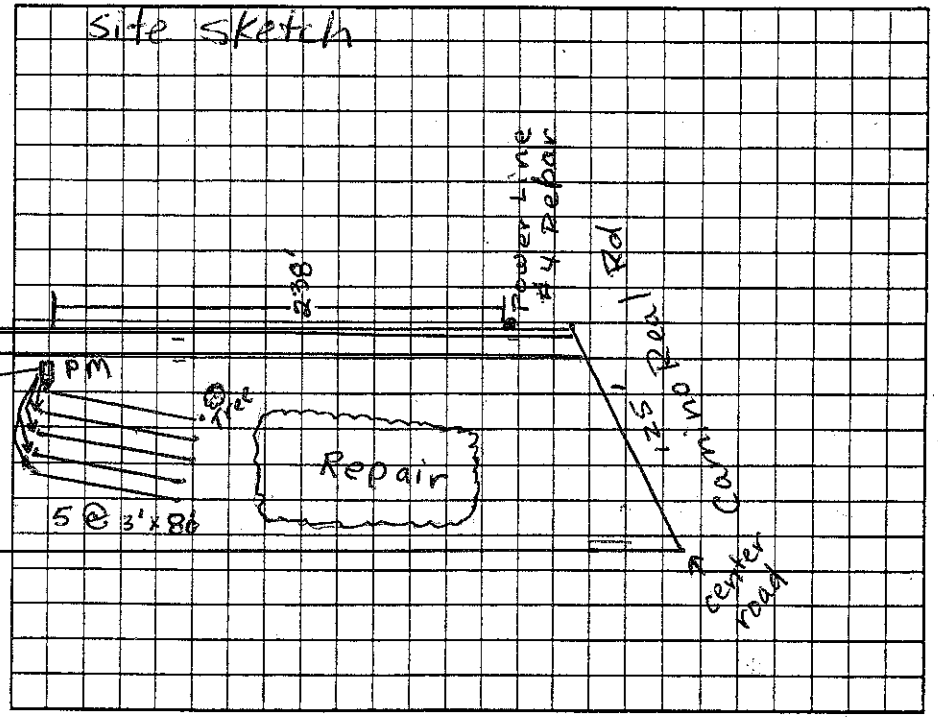
Comments:/Conditions: Blue tuf-tite ST Filter Quick 4 Installed as per initial

1" = 100'

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 10/11/06 Installed by: Rowan Septic

Improvement Permit by: Judy McMillie date 10-9-06 Operation Permit by: Judy McMillie date 1-29-08

Authorization to Construct by: Judy McMillie date 10-9-06 Existing System Inspection by: _____ date _____

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