# IREDELL COUNTY HEALTH DEPARTMENT

STA. __ LE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 138320 PIN# 4647013668 DATE 9-25-07

OWNER OR APPLICANT Spear Builders PHONE: Business 704-202-4964 Home

ADDRESS 112 Allendale Circle, Troutman NC 28166

LOCATION Brawley School Rd and Dye Drive on right

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.12 Ac. SITE CLASS PS DESIGN FLOW 450gpd L.T.A.R. .3gpd/ft²

Septic Tank 1000 Gallons: STB 512 Date 2-13-08
Pump Tank 1000 Gallons: PT 283 Date 1-4-08
Pump Make Gould's Model Serial No
Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 250
No Lines 5@50' Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: PPBPS pump
Repair System Description: LPD PPBPS
Maintenance Agreement Required: ☒ Yes ☒ No

☐ House/Mod. Home No. Bedrooms
☐ Mobile Home No. Persons
☒ Business office No. Employees 18
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

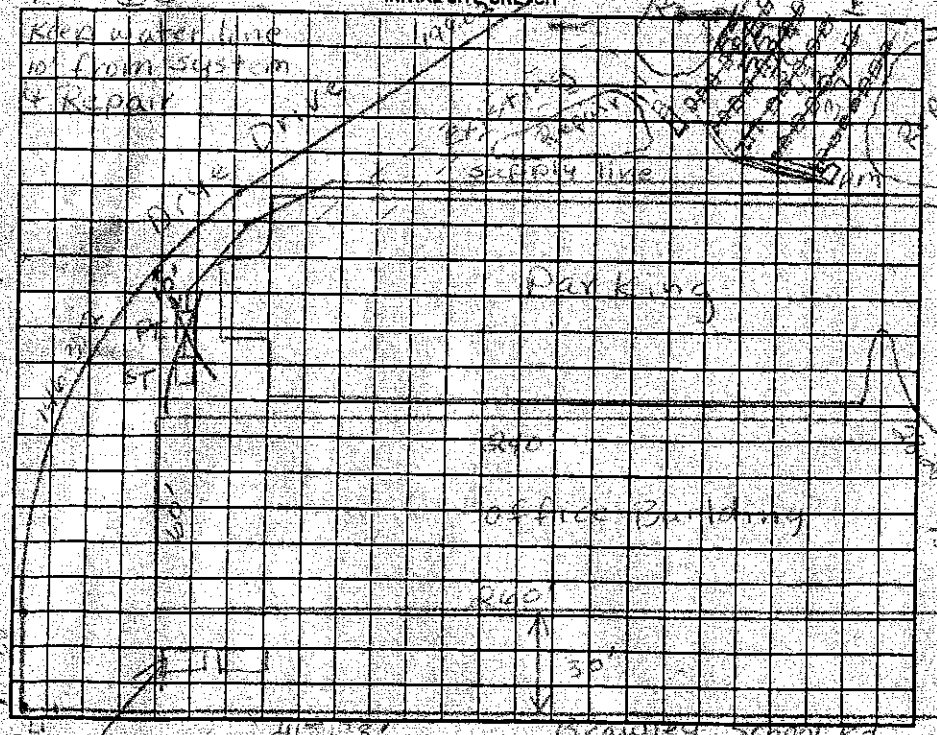
☐ Gravity ☒ Pressure ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 30" compacted cover over supply line under parking lot or use ductile iron

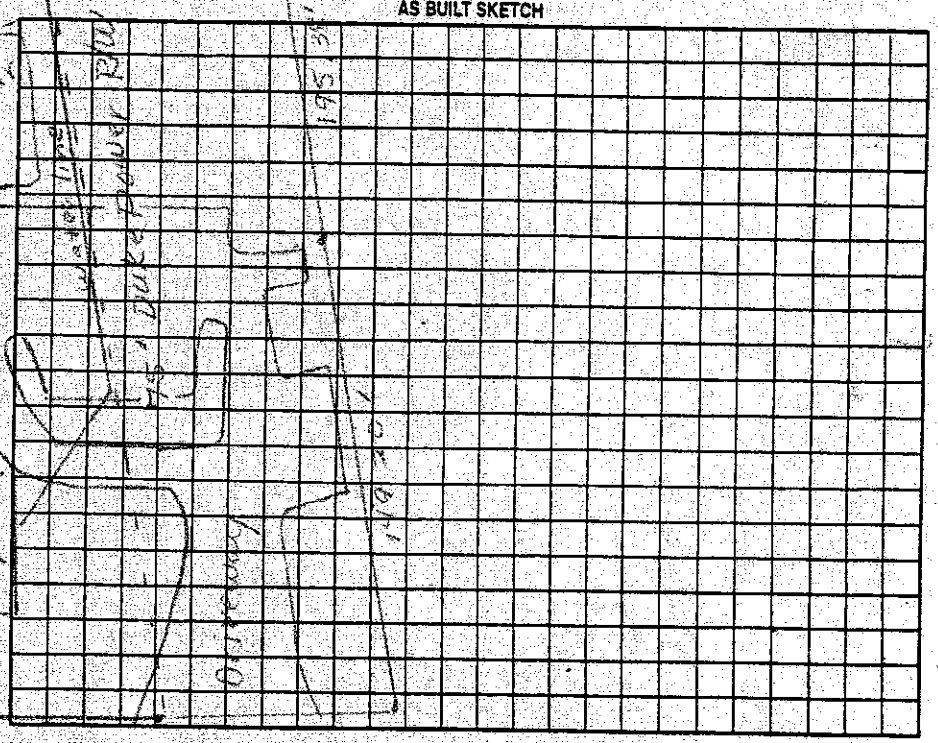
Comments/Conditions: 3/16" hole drilled
Line length = 37+3+50+55 = 145
4/10/08 Pumped tanks & Lines

1" = 60'

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 9-27-07 Installed by: date

Improvement Permit by: date 9-25-07 Operation Permit by: date 5/21/08

Authorization to Construct by: date 9-26-07 Existing System Inspection by: date

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