945-J

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142998 PIN# 4649959767 Bryan Spurrier DATE 6-19-07

OWNER OR APPLICANT Piedmont Construction PHONE: Business 400-7019 Home 528-3596

ADDRESS 155 S. Eastway Dr. Troutman, NC 28166

LOCATION Hwy 115 N, TR J Sailwinds Ct. Crystal Bay TR Clear Springs on left @ Cross Ln

SUBDIVISION Windward Pt BLOCK / SECTION 3 LOT 175 LOT AREA .53 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 821 Date 5-19-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 780 Linear Feet 260
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36-48

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: LP Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

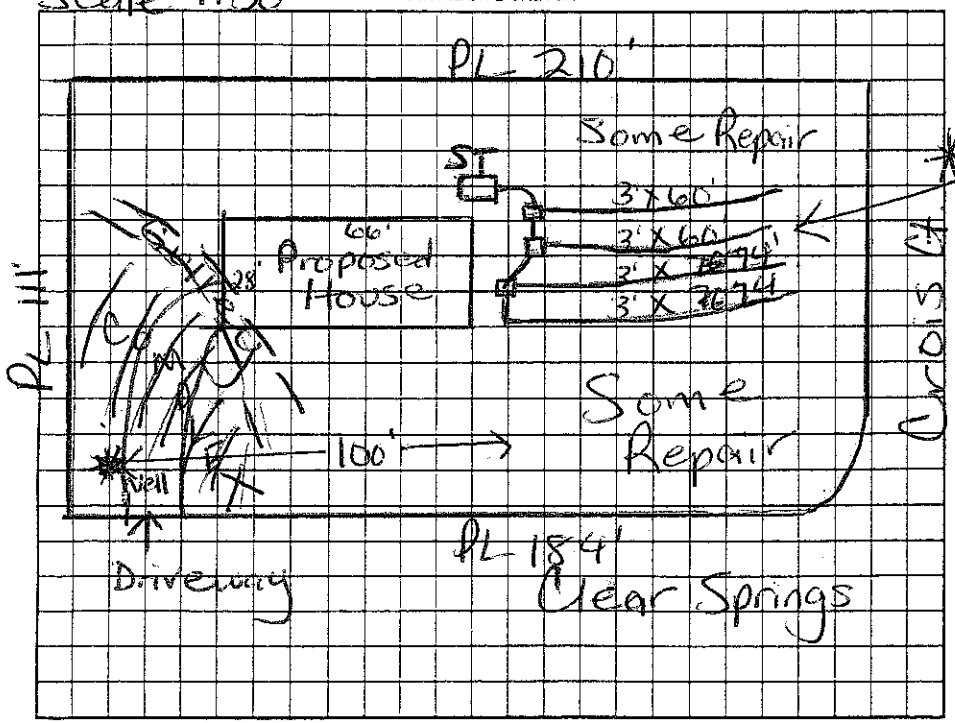
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Drainfield in Saprolite, must stay 100ft to well. Keep well 10ft from PL.

Comments/Conditions:

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick Up

*Must keep Drainfield at least 15ft from Cut

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: Bryan Spurrier date 6/20/07 Installed by: Buck Grading

Improvement Permit by: Maria H. Nolan RS date 6/19/07 Operation Permit by: Maria H. Nolan RS date 6/22/07

Authorization to Construct by: Maria H. Nolan RS date 6/19/07 Existing System Inspection by: ____ date ____

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