IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115711 PIN# 4654 77 6103.000 DATE 8/2/05

OWNER OR CONTRACTOR T+B Homes LLC PHONE: Business 704-895-7969 Home

ADDRESS 520 Bridal Path Farms Rd. Cleveland, NC. 27103

LOCATION 115-21S TL Presbyterian Rd. TR Sink Farm Rd. on (R)

SUBDIVISION Davidson Downs BLOCK / SECTION 2 LOT 119 LOT AREA .46 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1009 Date 12/7/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210
No Lines 6@35' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 1½" PPBPS
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

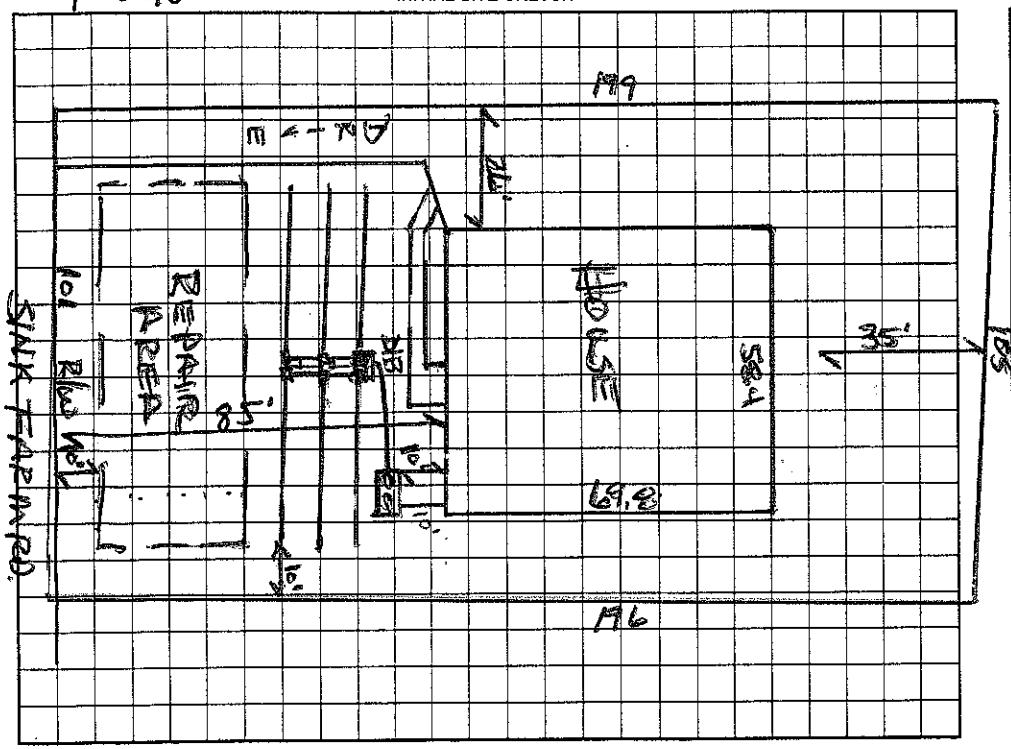
Water Supply:
☐ Individual
☐ Public
☒ Community Davidson Downs

Comments:/Conditions: Dist Box to Drop Boxes

Comments:/Conditions: Single Drop Boxes

1" = 40'

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: Tina Godwin date 8/3/05
Improvement Permit by: Wesley Sparks R.S. date 8/2/05
Authorization to Construct by: Wesley Sparks R.S. date 8/2/05

Installed by: Richard Abernathy
Operation Permit by: Wesley Sparks R.S. date 2/2/06
Existing System Inspection by: ____ date ____

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