IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104245 PIN# 4655-30-2527.2 4655-30-0571 DATE June 25, 04

OWNER OR CONTRACTOR Wynn Builders / Jeremy Bridehouse PHONE: Business Home

ADDRESS P.O. Box 595, Mt. Mourne, N.C. 28123

LOCATION 115 S. TL Midway Lake Rd. TL Monarch Ln. 2nd lot on left.

SUBDIVISION Davidson Creek BLOCK / SECTION LOT 2 LOT AREA 1.06 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 794 Date 9/16/04

Pump Tank: 1000 Gallons; PT 794 Date 9/20/04

Pump Make: LIBERTY Model 1/2 HP Serial No.

Nitrification Field: No Fields Square Feet 1440 Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: pm 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

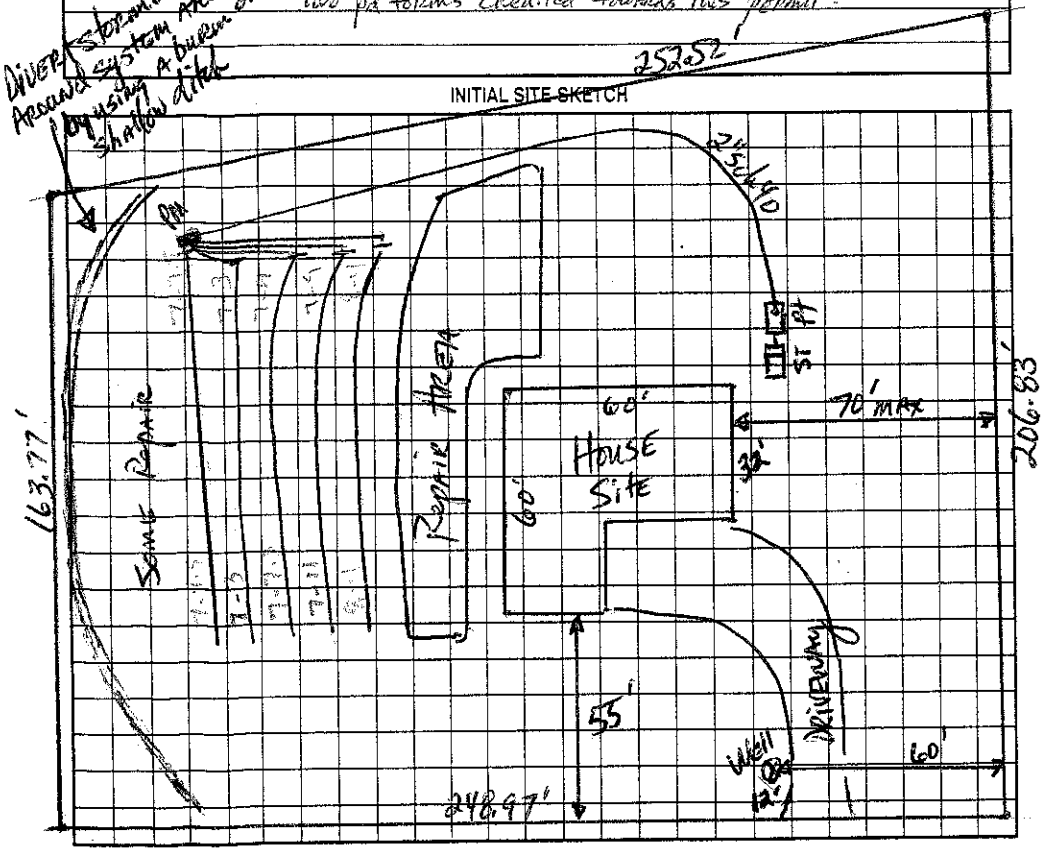
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: This lot is a combination of original Lots 3 & 4, Fees paid on these two pd forms credited towards this permit.

Divert stormwater around system area by using a berm or shallow ditch

INITIAL SITE SKETCH



Comments:/Conditions:

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.

date 7-1-04

date 6-25-04

date 6-25-04

Installed by: Penn Warden

Operation Permit by: Wesley Sparks RS date 12/16/04

Existing System Inspection by: date

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