IREDELL COUNTY HEALTH DEPARTMENT

#130

STATESVILLE 873-5305 MOORESVILLE 704-664-5281

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

PERMIT# 117072 PIN# ~~4648-93-6447.5~~ Hess-05-7251 DATE 2/6/04

OWNER OR CONTRACTOR Spear Builders Inc. PHONE: Business 704-202-4964 Home

ADDRESS 192 Wildwood Cove Dr. Mooresville, NC 28117

LOCATION 21W, TL Cowling, TR Olympia, TR Axtel, on Rt.

SUBDIVISION Cowlings Est BLOCK / SECTION LOT 5 LOT AREA 1.243 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons: STB 825 Date 11/20/03

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Grav. w/ 25% Red.

Repair System Description: Pump @ 25% Red.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

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The proposed / ~~existing~~ Pergola over deck addition does not appear to impact the existing septic system.

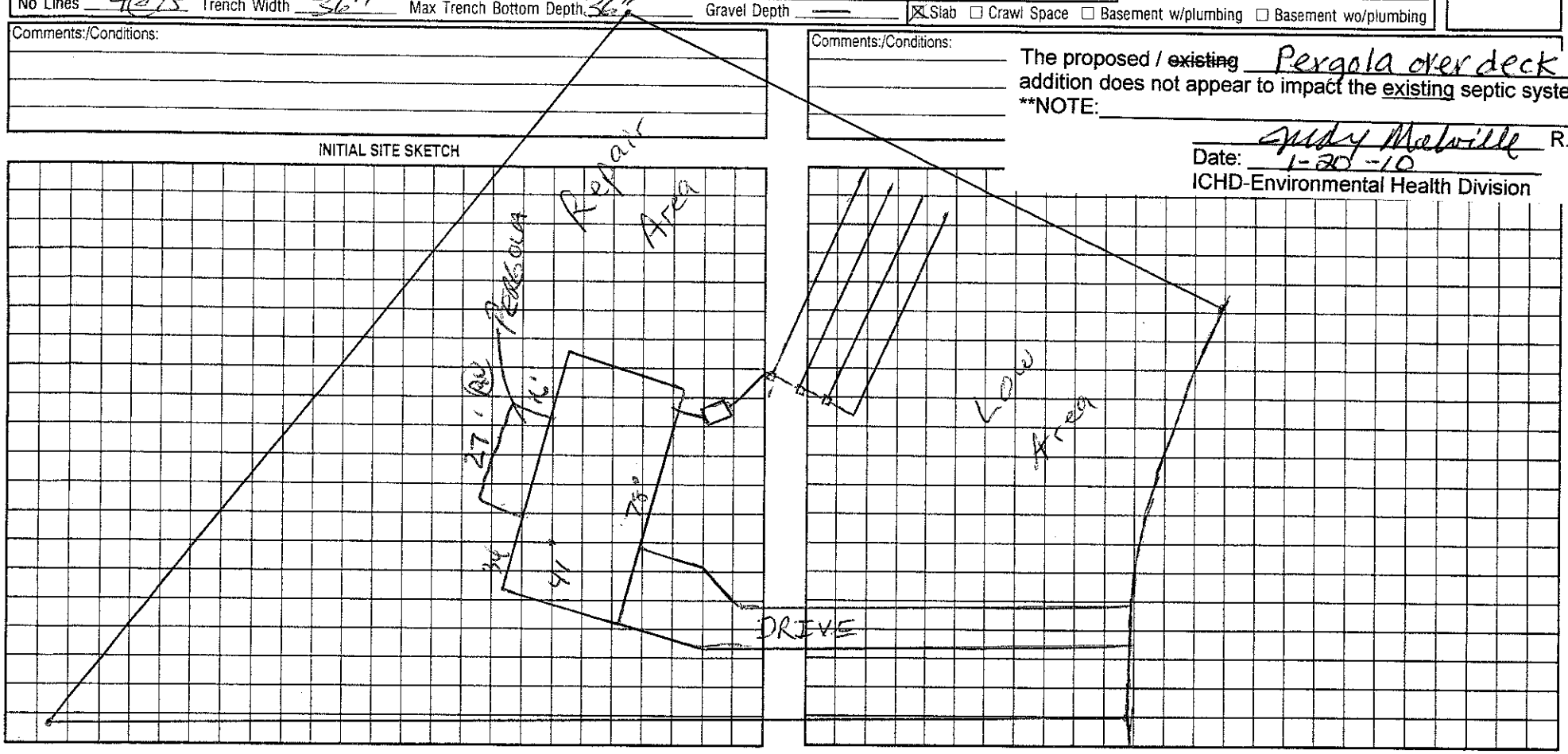
**NOTE:

Judy Melville R.S.

Date: 1-20-10

ICHD-Environmental Health Division

INITIAL SITE 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 2/26/04

Improvement Permit by: RS date 2/6/04

Authorization to Construct by: RS date 2/6/04

Installed by: Rowan Septic

Operation Permit by: RS date 2-6-04

Existing System Inspection by: date

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