IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144232 PIN# 4659052799 M. Lamache DATE 8-22-07

OWNER OR APPLICANT Full Spectrum Realty/Lynne PHONE: Business _____ Home _____

ADDRESS 155 D. South Eastway Dr.

LOCATION Hwy 115 S, TR Sailwinds Dr, TL Crystal Bay TR Clear Springs

SUBDIVISION Windward Pt. BLOCK / SECTION 3 LOT 177 LOT AREA .92Acre SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. .3

Septic Tank: 1000 Gallons: STB 785 Date 6-11-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: LPP 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

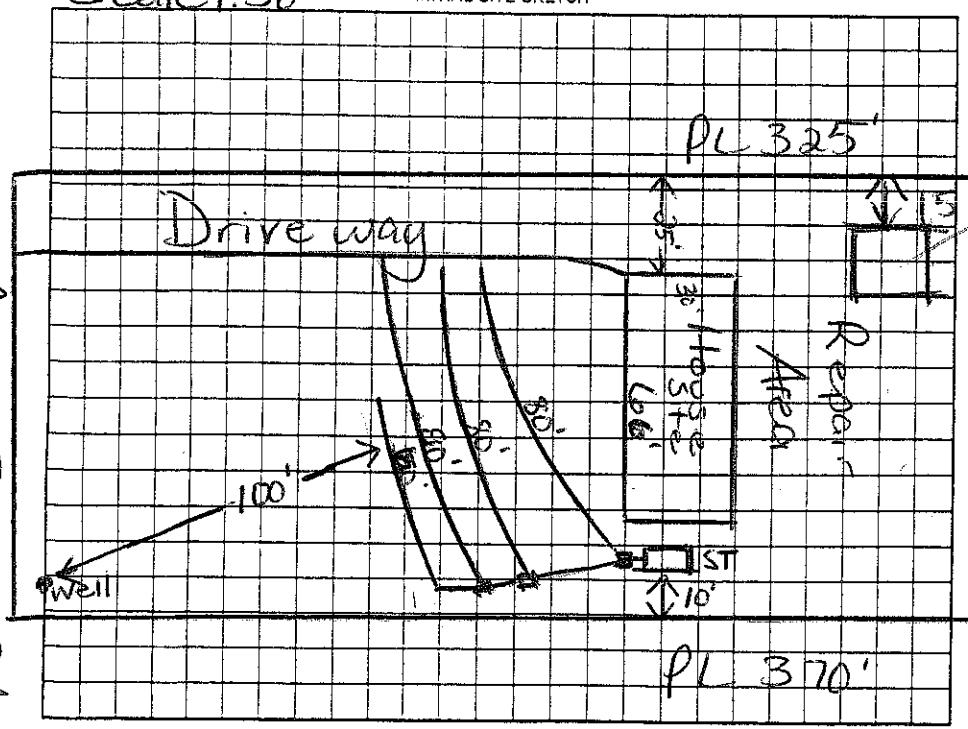
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Drainfield is in Saprolite, must maintain 100Ft setback to well.

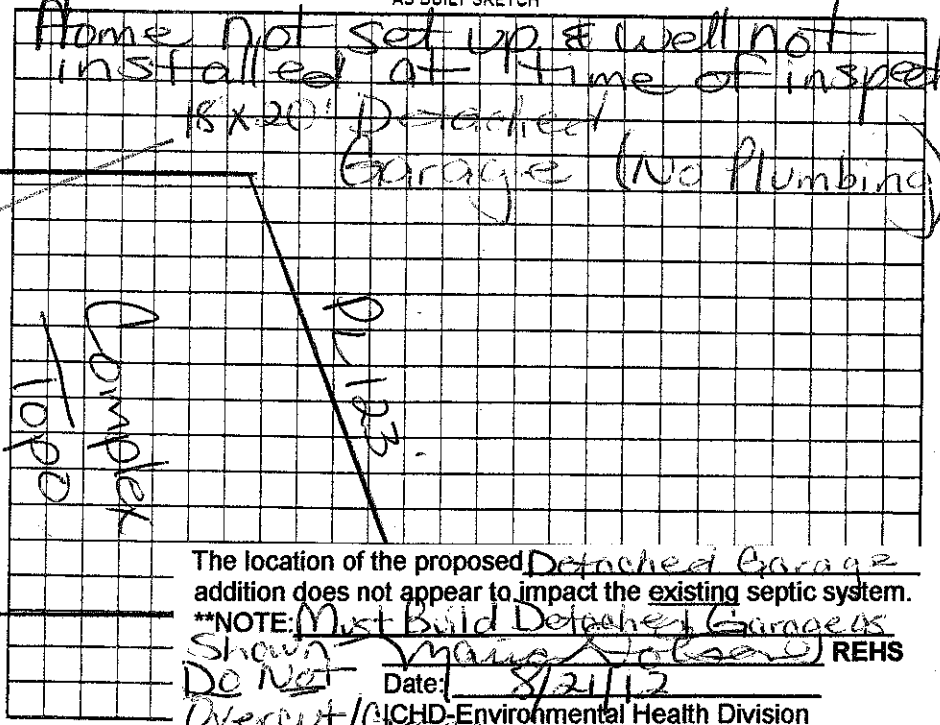
Comments/Conditions: Installed Quick 4, essentially as Drawn Tank marker installed Used Drop boxes "built in".

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH



Clear Springs Rd

The location of the proposed Detached Garage addition does not appear to impact the existing septic system.

**NOTE: Must Build Detached Garages as Shown Do Not Overcut Grade

REHS

Date: 8/21/12

ICHD-Environmental Health Division

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 8/23/07 Installed by: Buck Smith RS

Improvement Permit by: Maria Hall Olsen RS date 8/22/07 Operation Permit by: Maria Hall Olsen date 8/27/07

Authorization to Construct by: Maria Hall Olsen RS date 8/23/07 Existing System Inspection by: _____ date _____

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