IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131377 PIN# 4665 31 5665.018 / 4665 11 9094 DATE 2/23/06

OWNER OR CONTRACTOR Topaz Dev. Inc / Wyatt Homes PHONE: Business _____ Home _____

ADDRESS 19117 Calloway Hills Ln Davidson NC 28036

LOCATION Shearers, TR Streamside, at end / 255 Streamside Pl.

SUBDIVISION Creeks Edge BLOCK / SECTION _____ LOT 18 LOT AREA 2.93 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 9-23-06
Pump Tank: 1000 Gallons; PT 27 Date 10-9-06
Pump Make: Meyers Model ME50S-11 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP Panel Block
Repair System Description: same
Maintenance Agreement Required: ☒ Yes ☐ No

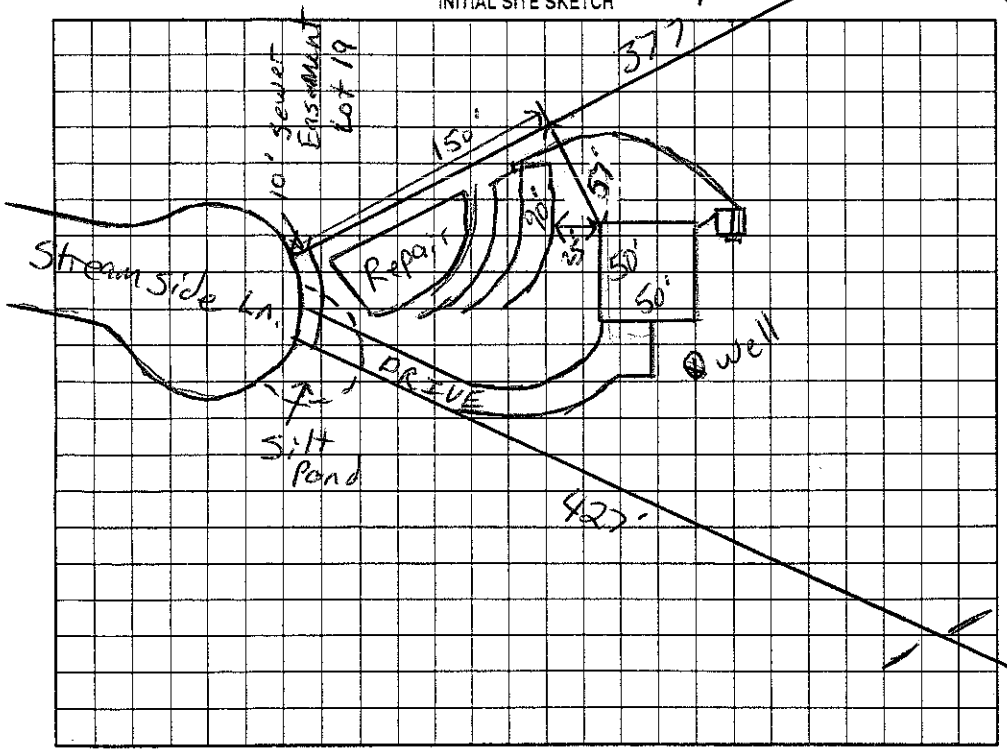
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

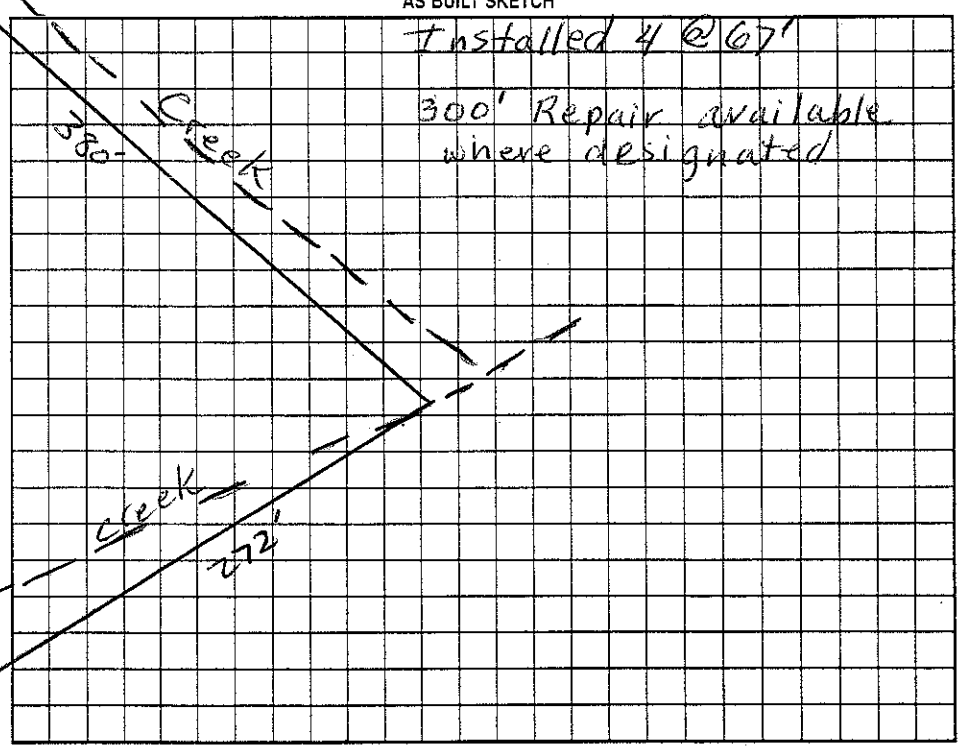
Comments:/Conditions: House is 155' From Front Prop. Line
1"=100'

Comments:/Conditions:
grey Label filter

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: _____ date 2/28/06 Installed by: Stanley Septic

Improvement Permit by: _____ date 2/23/06 Operation Permit by: Judy Mahaffey date 12-22-06

Authorization to Construct by: _____ date 6/14/06 Existing System Inspection by: _____ date _____

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