IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131378 PIN# 4665315665-019 4665210208 DATE 2/24/06

OWNER OR CONTRACTOR Topaz Dev. Inc / WINSOR HOMES PHONE: Business _____ Home _____

ADDRESS 19117 Calloway Hills Ln Davidson NC 28036

LOCATION Shearers, TR Streamside, at end on Rt

SUBDIVISION Creeks Edge BLOCK / SECTION _____ LOT 19 LOT AREA 2.45 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 Fa. 102 Rep

Septic Tank: 1600 Gallons; STB 317 Date 11/14/06

Pump Tank: 1000 Gallons; PT 29 Date 12/12/06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250

No Lines 6 @ 42" 45 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth —

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

System Description: Pump 25% Reduction

Repair System Description: Drip Irr. or At Grade

Maintenance Agreement Required: ☐ Yes ☒ No LPP

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

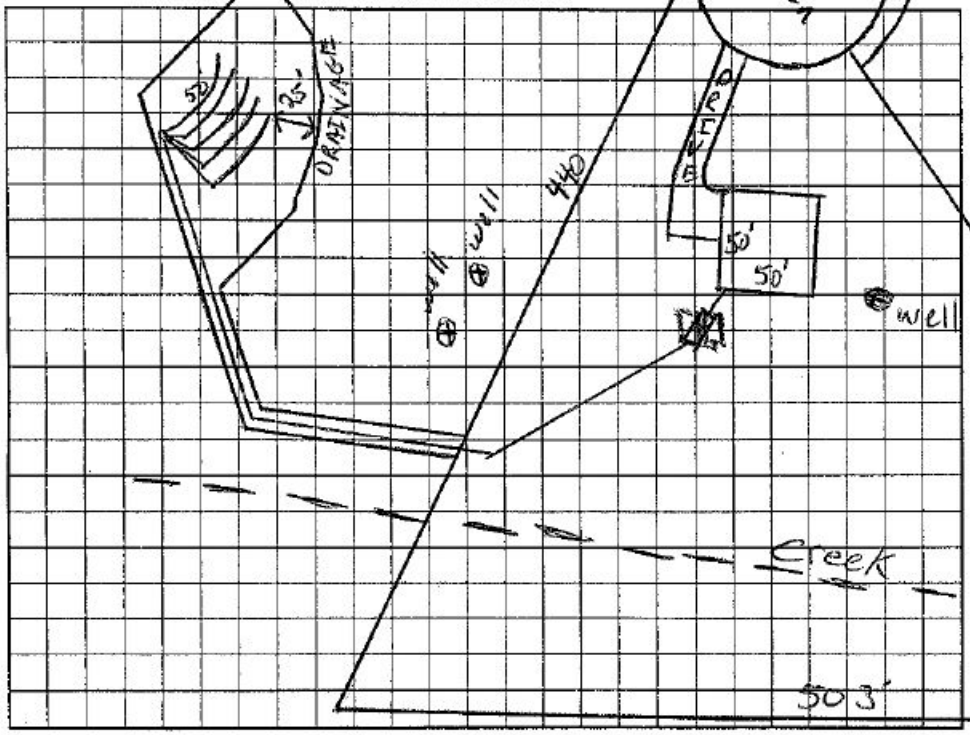
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

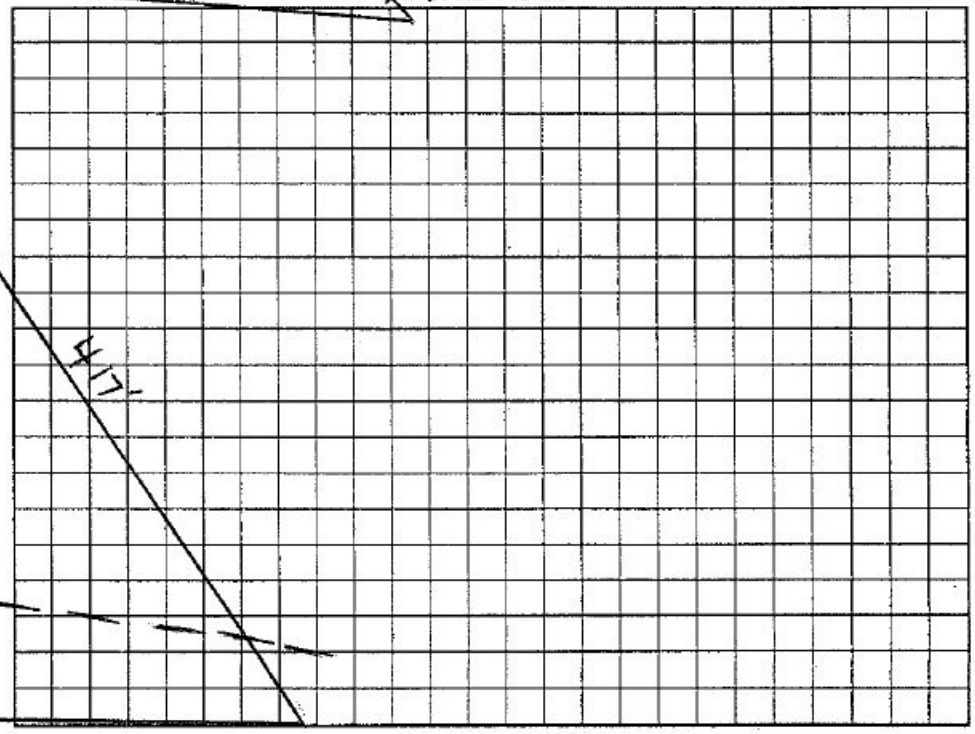
Comments:/Conditions:

Comments:/Conditions: 3 bedroom Only

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 Tank

Improvement Permit by: _____ RS date 2/24/06 Operation Permit by: Wesley Sparks RS date 2/8/07

Authorization to Construct by: Wesley Sparks RS date 9/13/06 Existing System Inspection by: _____ date _____

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