700.00 Paid 9:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131389 PIN# 4665 31 5665.025 / 466531 1433 DATE 3/20/06

OWNER OR APPLICANT Topaz Dev. Inc/Wynsor Homes PHONE: Business _____ Home _____

ADDRESS 19117 Calloway Hills Ln. Davidson NC 28036 / 250 Hemingway Pl.

LOCATION Shearers, TR / Streamside, on Rt Near End.

SUBDIVISION Creeks Edge BLOCK / SECTION _____ LOT 25 LOT AREA 0.994c SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 9-5-06
Pump Tank: 1000 Gallons; PT 27 Date 9-3-06
Pump Make: Myers Model ME 505-21 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200'
No Lines 2 Trench Width 24" Max Trench Bottom Depth 36"

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

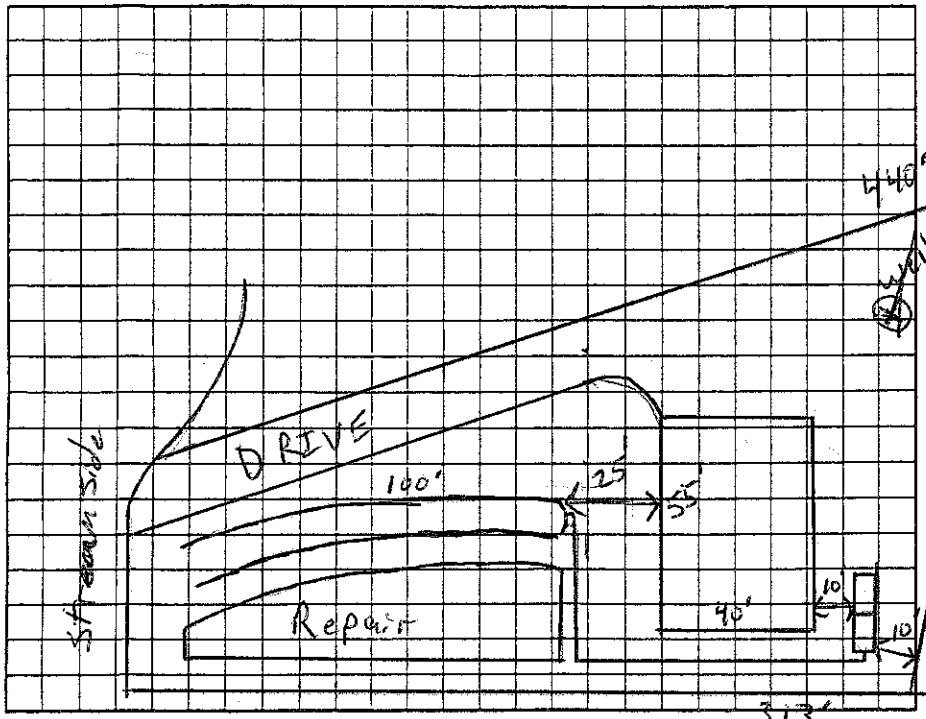
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

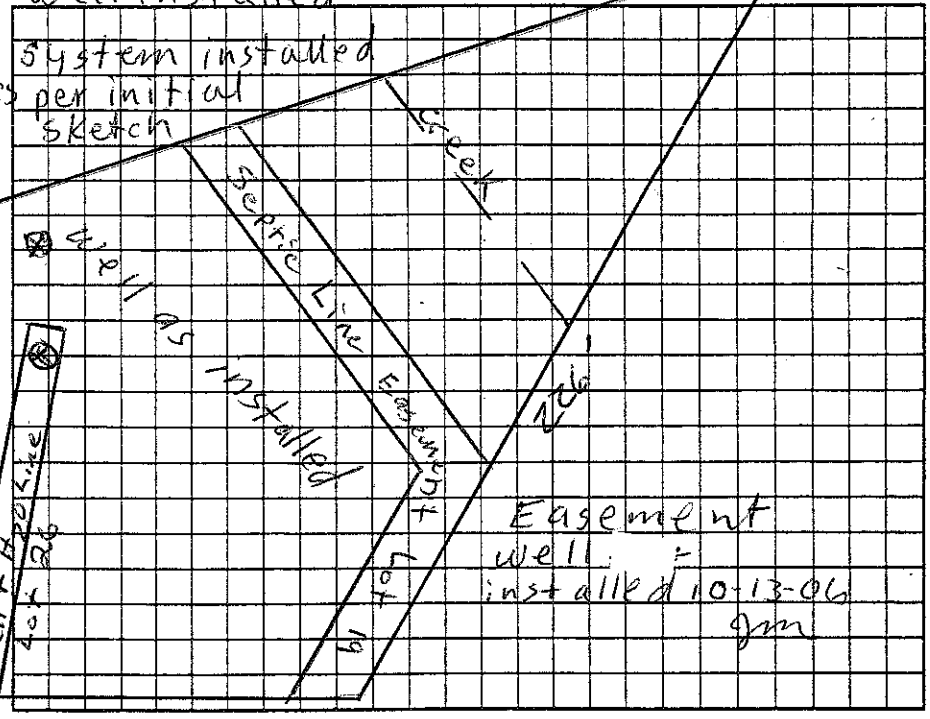
Comments/Conditions: House is 140' from the road ROW
3 bedroom only
1" = 50'

INITIAL SITE SKETCH



Comments/Conditions: House will be Crawl Space 6/26/06
10-13-06 gm
ST w/ Zabel filter
Tanks w/ risers
well installed

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 _____

Improvement Permit by: RS date 3/20/06

Authorization to Construct by: RS date 6/26/06

Installed by: Stanley Septic

Operation Permit by: Judy Melville date 10-18-06

Existing System Inspection by: _____ date _____

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