700.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 7[illegible]-5305 MOORESVILLE 704-664-5281

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

PERMIT# 131391 PIN# 4665 31 5665.026 / 4665 21 2423 DATE 3/20/06

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

ADDRESS 19117 Calloway Hills La ~~Mooresville~~ Davidson NC 28036

LOCATION Shearers, TR Streamside, on Rt 1244 Streamside Dr.

SUBDIVISION Creeks Edge BLOCK / SECTION _____ LOT 26 LOT AREA 0.65A SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 12/06/06

Pump Tank: 1000 Gallons; PT 293 Date 12/12/06

Pump Make: Myers Model MG-50 S-Serial No. _____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 210

No Lines 3@70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ~~☒ Basement w/plumbing~~ ☐ Basement wo/plumbing

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

System Description: LP Pump Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

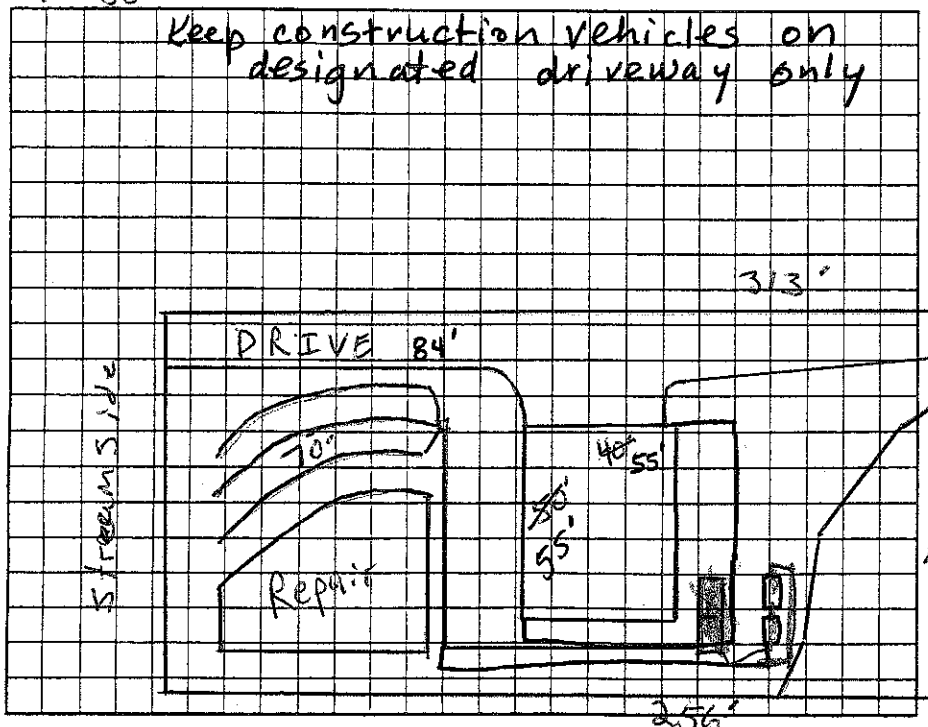
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 3 bedrooms only.
House is 95' From Road ROW

Keep driveway next to property line

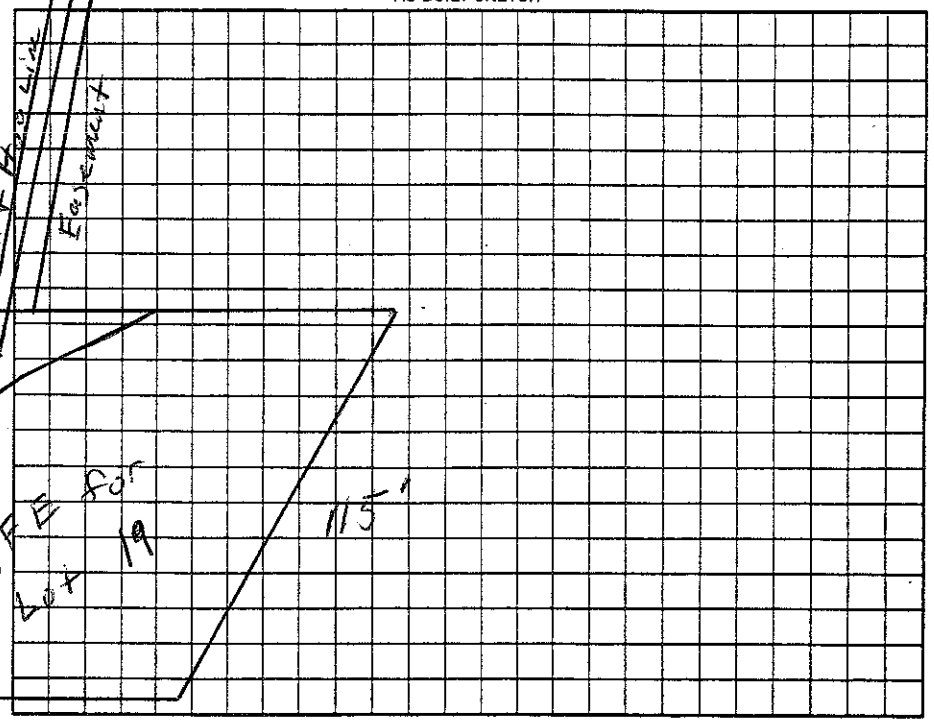
1"=50'

INITIAL SITE SKETCH



Comments/Conditions: Changed to crawl space

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: [signature] RS date 3/20/06

Authorization to Construct by: Judy Melville date 10-12-06

Installed by: Stanley Septic Service

Operation Permit by: Wesley Sparks RS. date 2/8/07

Existing System Inspection by: _____ date _____

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