IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13173 PIN# 4665 31 5665.016 / 4665 21 3161 DATE 2/23/06

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

ADDRESS 19117 Calloway Hills Ln Davidson NC 28036

LOCATION Shearers Rd, TR Streamside, Nearend on Lt / 249 Streamside Pl.

SUBDIVISION Creeks Edge BLOCK / SECTION _____ LOT 16 LOT AREA 0.56 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 524 Date 2-30-06
Pump Tank: 1000 Gallons: PT 893 Date 11-20-06
Pump Make: Myers Model ME-50-521 Serial No. 06
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPP and Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

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

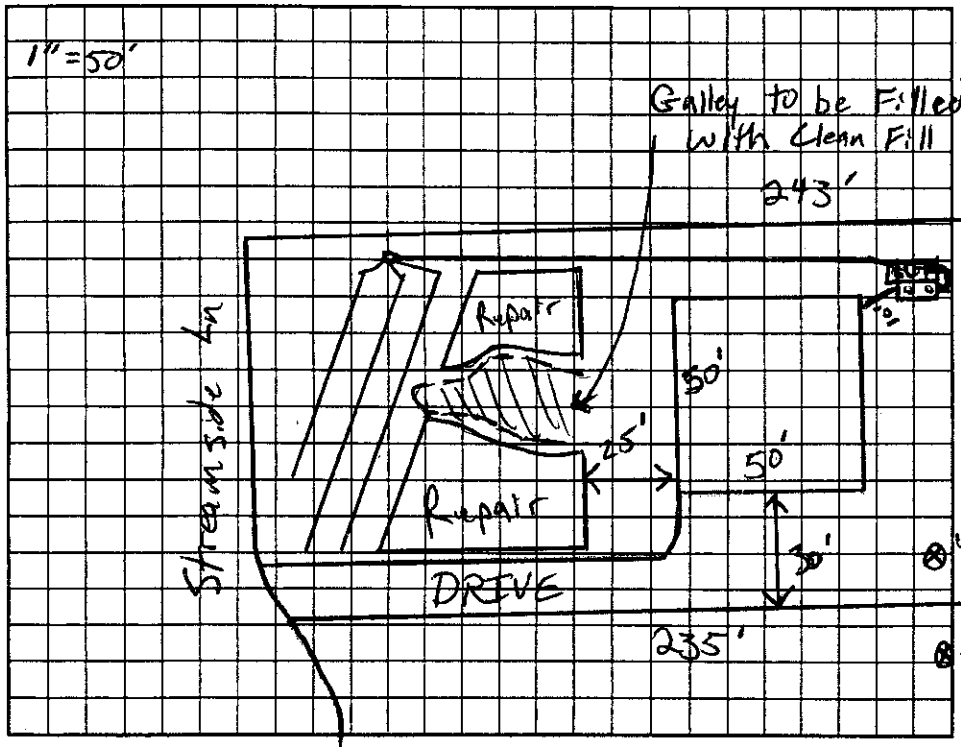
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

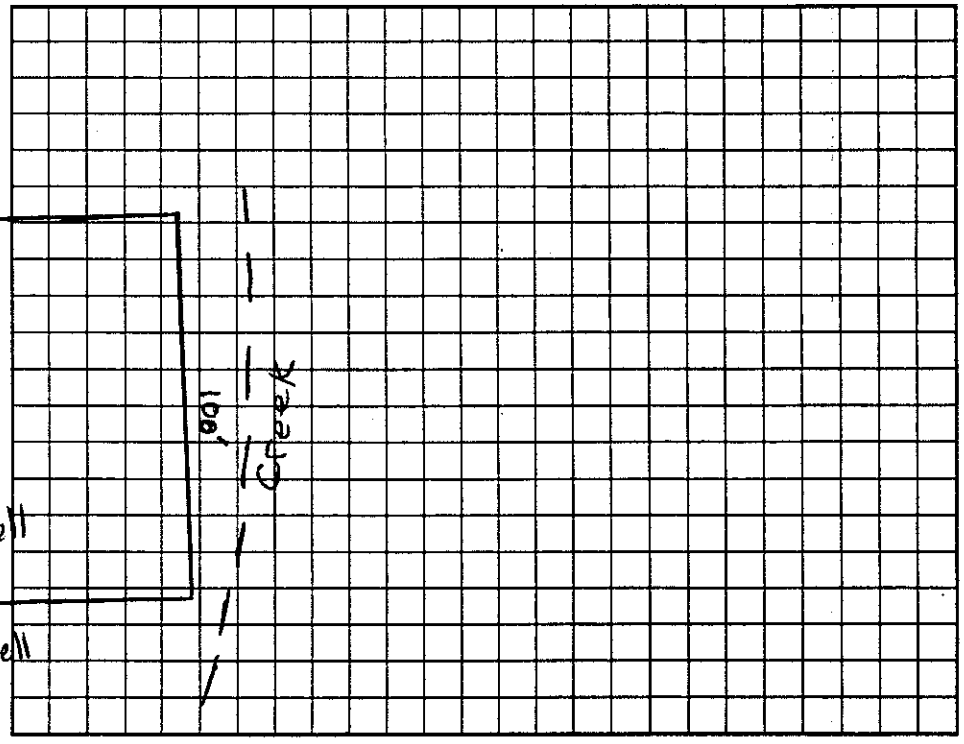
Comments:/Conditions: 3 bedrooms only - House is 110' from Front Prop. Line

Comments:/Conditions:

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 2/23/06 Installed by: Stanley

Improvement Permit by: _____ RS date 2/23/06 Operation Permit by: Wesley Sparks RS. date 1/19/07

Authorization to Construct by: _____ RS date 8/16/06 Existing System Inspection by: _____ date _____

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