IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5[illegible] MOORESVILLE 704-664-5281

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

PERMIT# 131370 PIN# 4665315665.015 / 4665 21 4146 DATE 2/23/06

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

ADDRESS 19117 Calloway Hills Ln. Davidson NC 28036 / 243 Streamside Pl.

LOCATION Spearers Rd, TR Streamside on Lt

SUBDIVISION Creeks Edge' BLOCK / SECTION _____ LOT 15 LOT AREA 0.564c SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 524 Date 8-23-06
Pump Tank: 1000 Gallons; PT 282 Date 9-13-06
Pump Make: MYERS Model ME50S-21 Serial No. 06
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240'
No Lines 3@30' 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

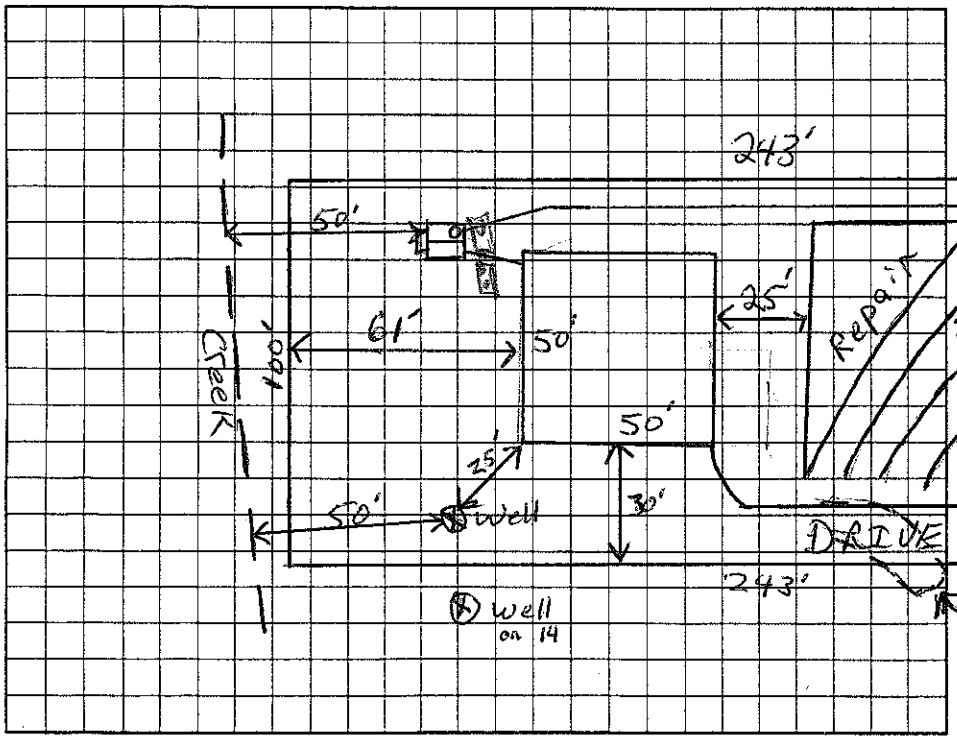
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: 3bedroom house only!
Utilities need to be withid 10' of property lines
Side-Load garage only
1" = 50'

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: S. Stanley

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

Authorization to Construct by: _____ RS date 9/8/06 Existing System Inspection by: _____ date _____

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