CHECK IN 2WKS Laura Huffey - 704-660-1778

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-53

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERA

PERMIT# 131392 PIN# 4665 315665 / 4665 21 4464

OWNER OR APPLICANT Topaz Development / Wynsor Homes PHONE: Business 7

ADDRESS 19117 Callaway Hills Ln Davidson 28036

LOCATION Shearers Rd TR Streamside Ln on right 1238

SUBDIVISION Creeks Edge BLOCK / SECTION _____ LOT 27 LOT AREA .79 SITE CLA: _____ gpd. L.T.A.R. .25 gpd/ft²

1/3 NP

Septic Tank: 1000 Gallons; STB 799 Date 9-10-06

Pump Tank: 1000 Gallons; PT 37 Date 9-11-06

Pump Make: Meyers Model ME 50S-11 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 5 @ 64' Trench Width 24" Max Trench Bottom Depth 33" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Ty

System Description: LP Panel

Repair System Description: LP Panel

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

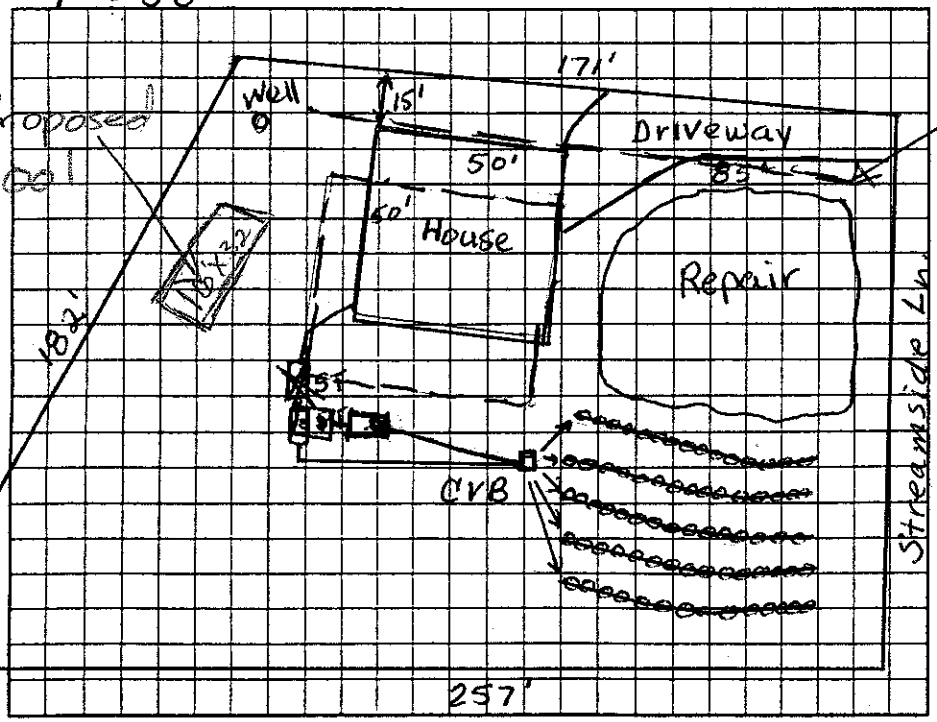
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: 75 panels

Comments:/Conditions:

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

SUBSURFACE INTERCEPT TO BE INSTALLED BEFORE OP WILL BE ISSUED 12/1/06 W Shearers.

The proposed / existing Swimming Pool addition does not appear to impact the existing septic system.

**NOTE: Must keep Pool at least 10' From PL & 15ft from Septic

R.S. Mauer Dotson

Date: 9/8/2006

ICHD-Environmental Health Division

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

Improvement Permit by: Judy McNeill date 1-13-06

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

Installed by: Stanley Septic

Operation Permit by: Wesley Sparks RS date 12/22/06

Existing System Inspection by: _____ date _____

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