EL[illegible]TY HEALTH DEPARTMENT

STATE [illegible] 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 131367 PIN# 4665 31 5665.014 / 4665 21 5232 DATE 2/23/06

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

ADDRESS 1917 Caldaway Hills End Davidson NC 28036 / 237 Streamside Pl.

LOCATION Shearers Rd, TR stream side Ln. on LT

SUBDIVISION Creeks Edge BLOCK / SECTION _____ LOT 14 LOT AREA 0.61 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 4-2-06
Pump Tank: 1000 Gallons; PT 223 Date 5-6-06
Pump Make: Myers Model ME505-21 Serial No. ½ hp 230 Volt
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3@90' 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 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

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

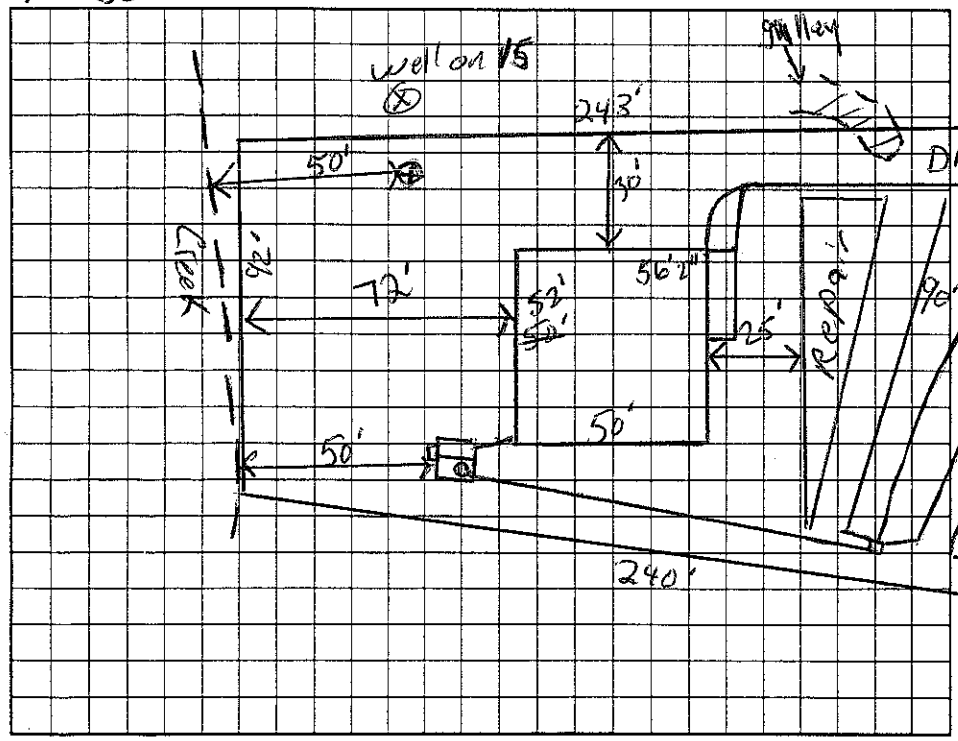
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: House is 120' from Front PL
Side-load garage only -- Utilities need to be within 10' of prop. lines

Comments/Conditions: White Zabie filter installed

1"=50'

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 Septic

Improvement Permit by: RS date 2/23/06 Operation Permit by: Cindy McMillan date 10-30-06

Authorization to Construct by: Cindy McMillan date 5-17-06 Existing System Inspection by: _____ date _____

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