4665218358

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131365 PIN# 4665315655.012 DATE 2-20-06

OWNER OR APPLICANT Topaz Development PHONE: Business 704-564-4680 Home 704-895-5257

ADDRESS 19117 Calloway Hills Ln. Davidson 28036

LOCATION Shearers Rd S TR Streamside Pl on left 7th house on left

SUBDIVISION Creeks Edge BLOCK / SECTION ____ LOT 12 LOT AREA 1.57Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1600 Gallons: STB 524 Date 2/2/07

Pump Tank: 1000 Gallons: PT 283 Date 12/22/06

Pump Make: Myers P Model MES05-21 Serial No 1206 380

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480

No Lines 5 4 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% reduction, pump pm

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

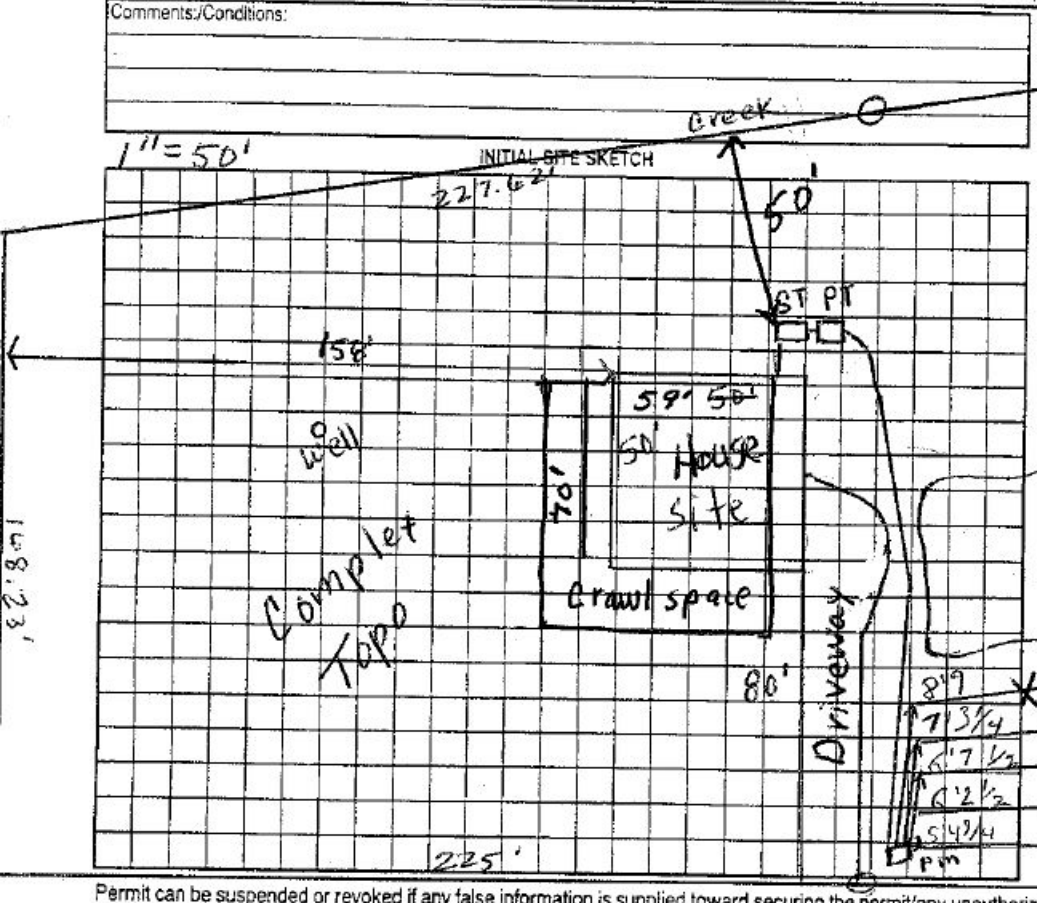
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Comments/Conditions:

1" = 50'

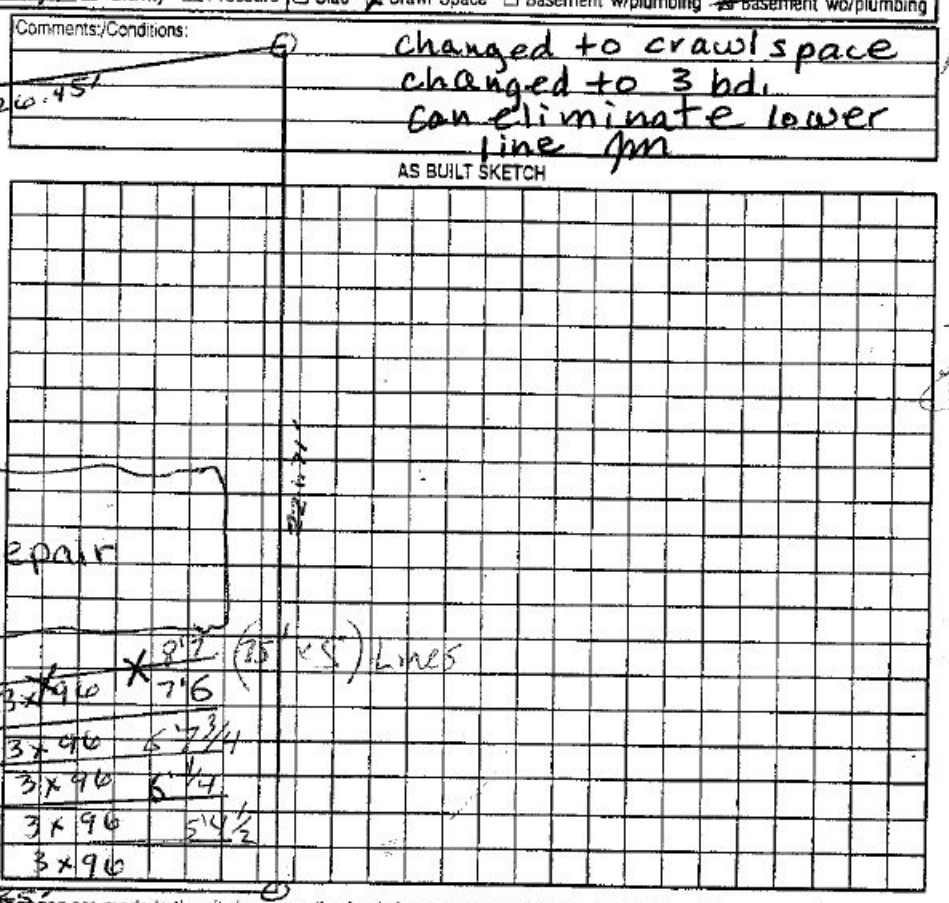
INITIAL SITE SKETCH



Comments/Conditions:

changed to crawl space
changed to 3 bd.
can eliminate lower line pm

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 2/28/06 Installed by: Stanley Septic Service

Improvement Permit by: Judy Melville date 8-20-06 Operation Permit by: _____ date 4-30-07

Authorization to Construct by: Judy Melville date 10-12-06 Existing System Inspection by: _____ date _____

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