IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131350 PIN# 4665315665.008 / 4665 31 2564 DATE 2-20-06

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

ADDRESS 19117 Callaway Hills Ln Davidson 28036 / 207 Streamside Pl.

LOCATION Shearers Rd South TR Streamside Pl on left

SUBDIVISION Creeks Edge BLOCK / SECTION ____ LOT 8 LOT AREA 1.89 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 12/30/06
Pump Tank: 1000 Gallons; PT 293 Date 3/29/07
Pump Make: MYERS Model ME-50S Serial No. 1/07
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240
No Lines 3@80' Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP Panel Block
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☒ Yes ☐ No

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

Water Supply: ☒ Individual ☐ Public ☐ Community

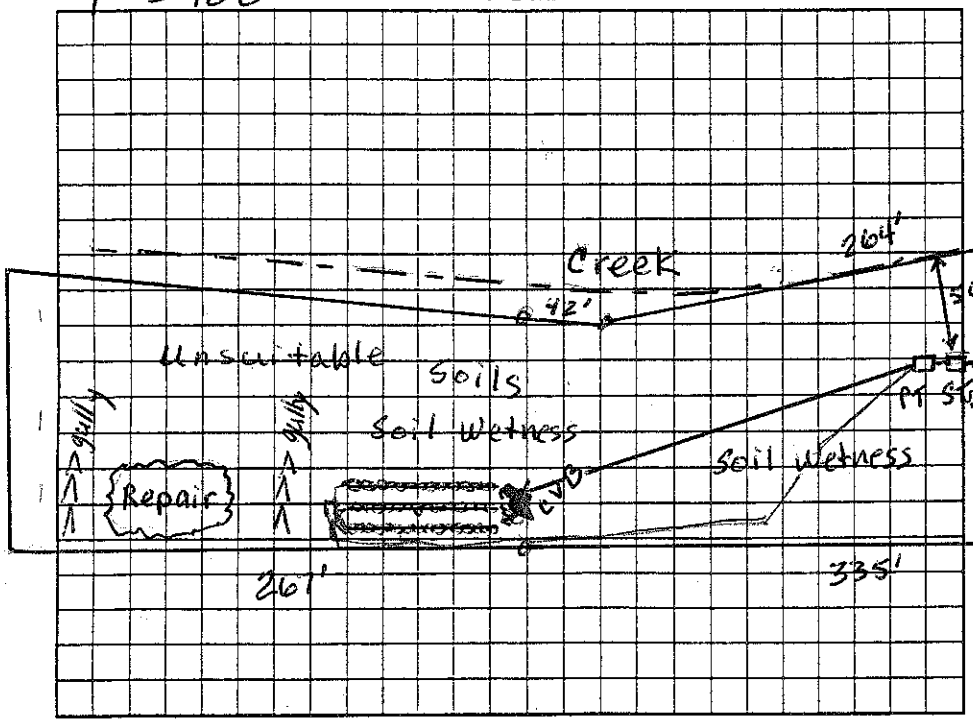
Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
54 panels - 18 panels per line

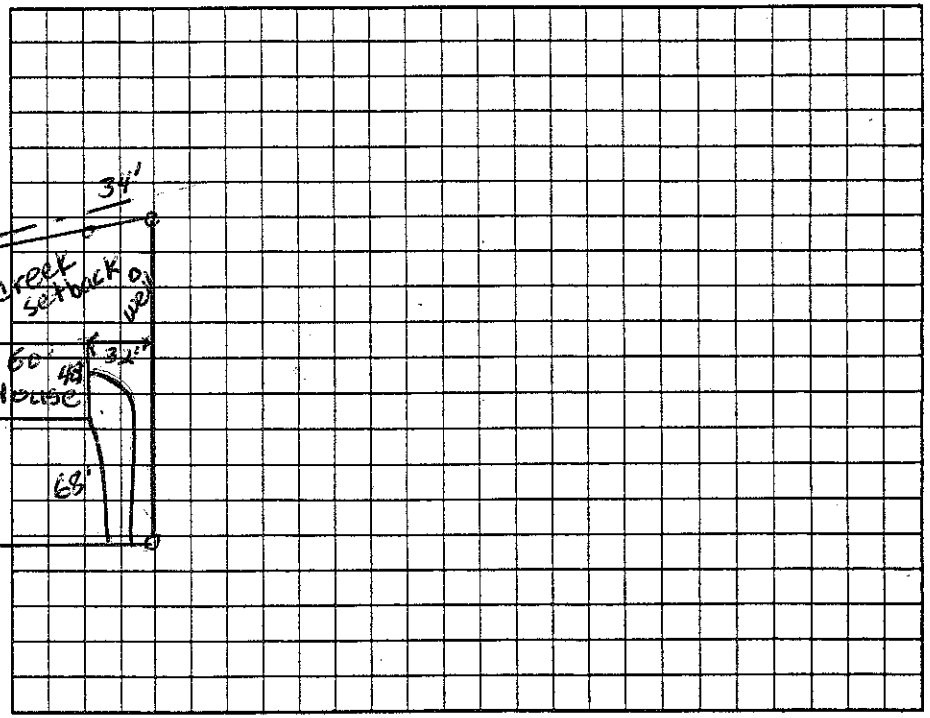
Comments:/Conditions:

1" = 100'

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 2/27/07 Installed by: Stanley Septic Tank

Improvement Permit by: Judy Melville date 2-20-06 Operation Permit by: Wesley Sparkes date 4/7/07

Authorization to Construct by: Judy Melville date 12-4-06 Existing System Inspection by: _____ date _____

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