# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131349 PIN# 4665 31 5665.007 / 4665 31 9842

OWNER OR APPLICANT Topaz Development Inc. DATE 2/22/06

ADDRESS 19117 Callaway Hills Ln. Davidson, NC 28036 / 181 Streamside Pl. PHONE: Business 704-895-5257 Home

LOCATION Shearers Rd. TR. Streamside to 18th property on (L)

SUBDIVISION Creeks Edge BLOCK / SECTION LOT 7 LOT AREA 1.92 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 31 Date 12/30/06

Pump Tank: 1000 Gallons; PT 27 Date 1/19/07

Pump Make: Myers Model ME-50 Serial No. 1/07

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 4 @ 60' Trench Width 3' Max Trench Bottom Depth 30-32" Gravel Depth No ☐ Gravity ☒ Pressure

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

System Description: LP - 16" PPBPS

Repair System Description: SHALLOW CONVENTIONAL

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Persons 3 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

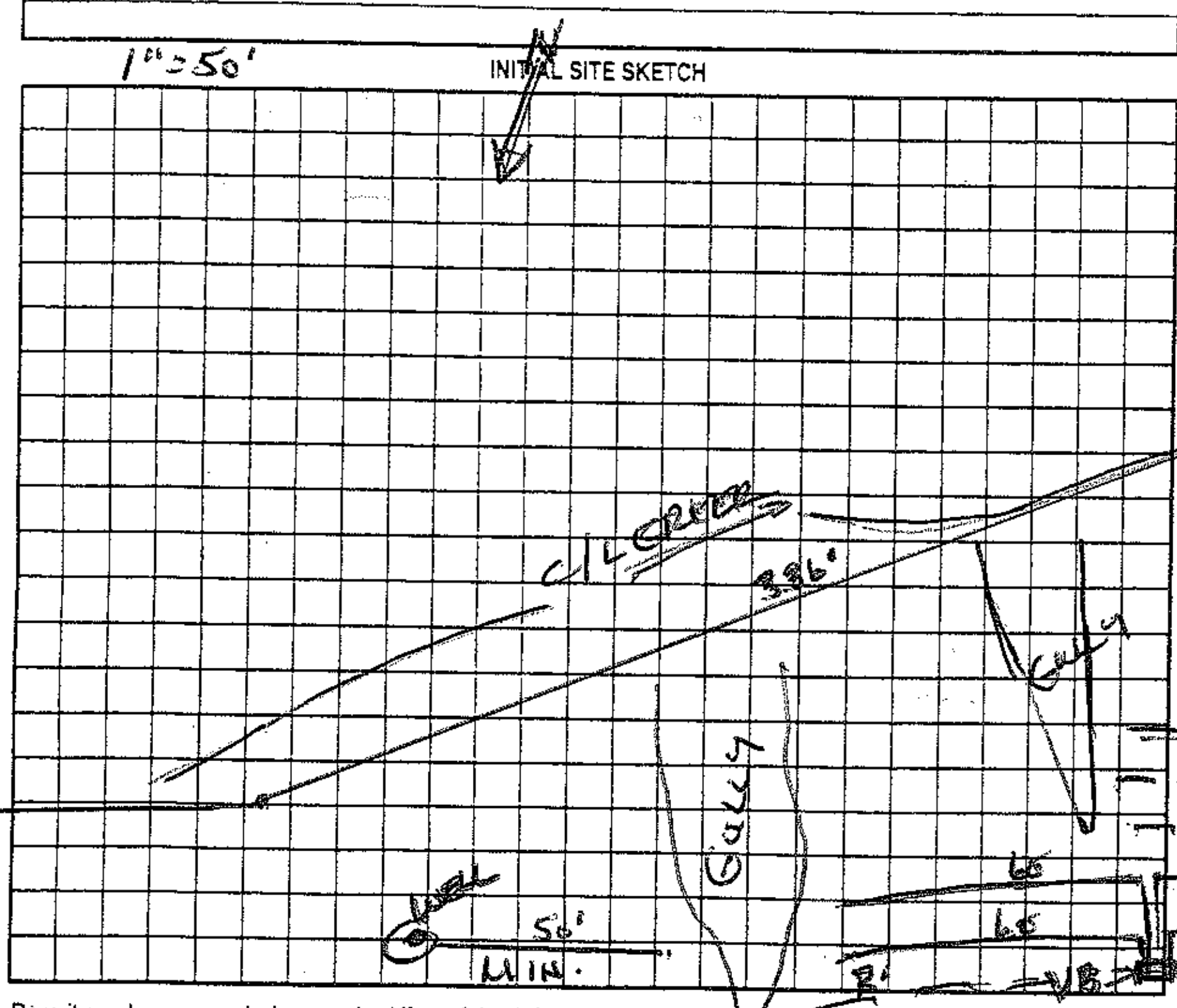
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: 3' asked for by Consulting Firm.

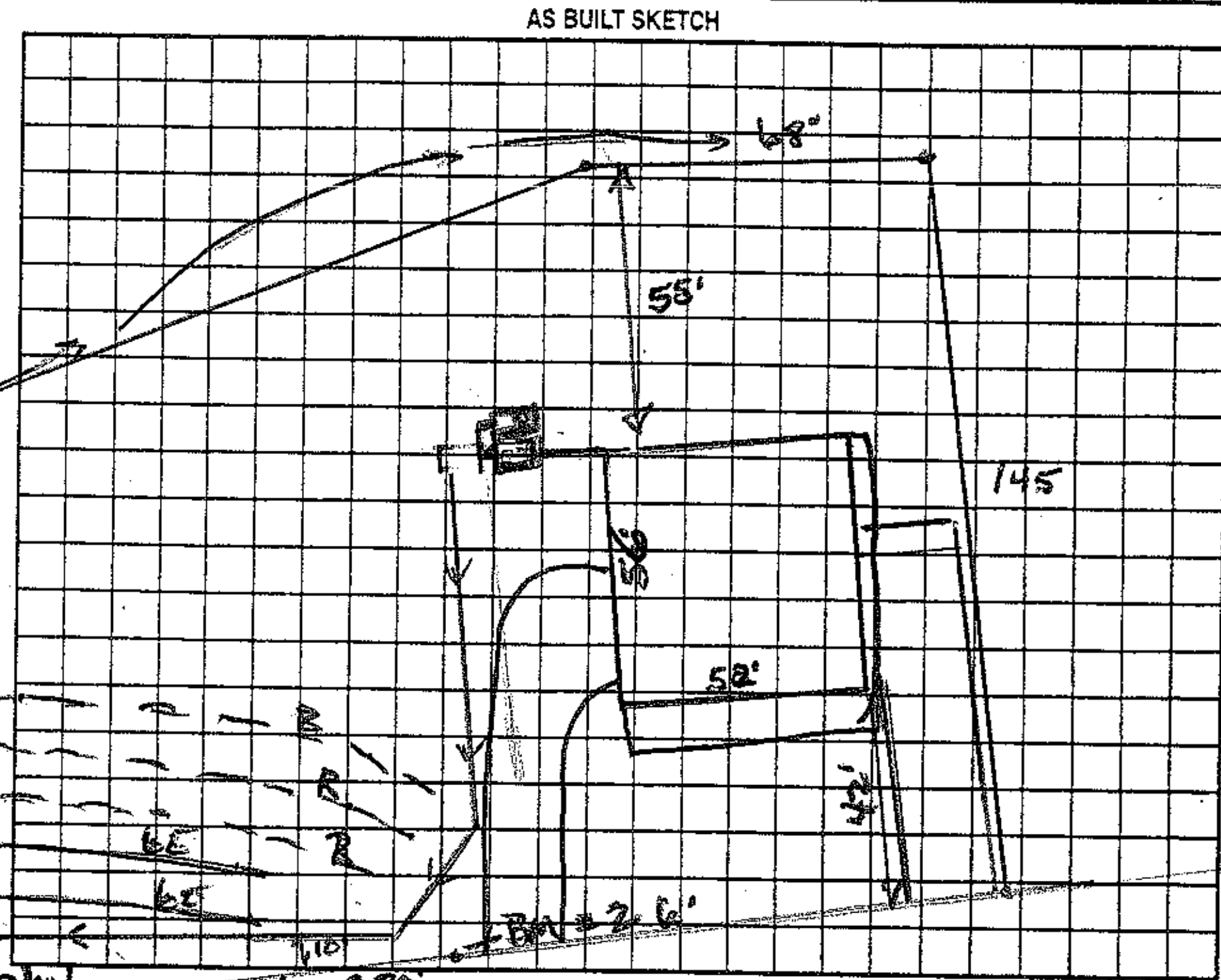
Comments:/Conditions:

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: * [signature] date 2/23/06 Installed by: [signature]

Improvement Permit by: Wesley Sparks RS. date 2/22/06 Operation Permit by: Wesley Sparks RS date 6/7/07

Authorization to Construct by: [signature] date 12-4-06 Existing System Inspection by: date

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