IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 /50.00 Rec'd MOORESVILLE 704-664-5281

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

PERMIT# 131159 PIN# ~~4665 31 5665.029~~ 4665427122 DATE 10/5/05

OWNER OR CONTRACTOR Topay Development Inc / Robinson Builders PHONE: Business 704-564-4680 Home

ADDRESS 19117 Cedarbay Hills Ln. Davidson NC 28036

LOCATION Stevens Rd. TR Streamside Ln. 3rd lot on (R)

SUBDIVISION Creeks Edge BLOCK / SECTION LOT 29 LOT AREA .76 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000V Gallons; STB 350 Date 11/3/06

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100 Trench Width 3 Max Trench Bottom Depth 3 Gravel Depth NA

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

System Description: Grant 2570 Reduced

Repair System Description: ~~Stone~~ Pres 16" PPBDS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

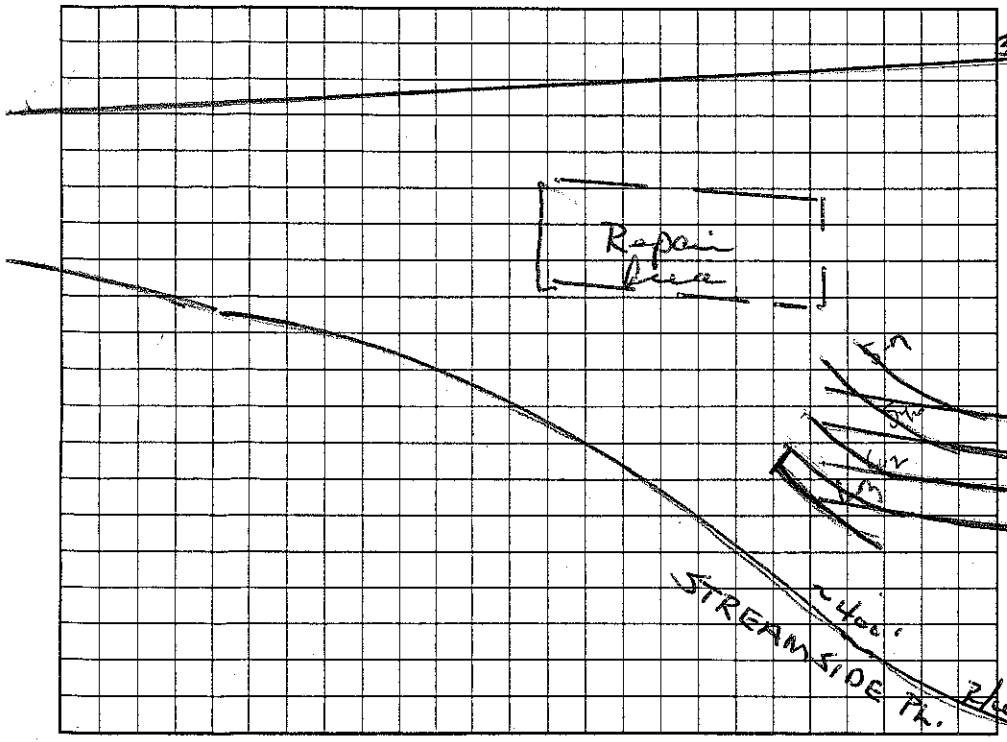
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: w/ tie-off on contour in area shown here.

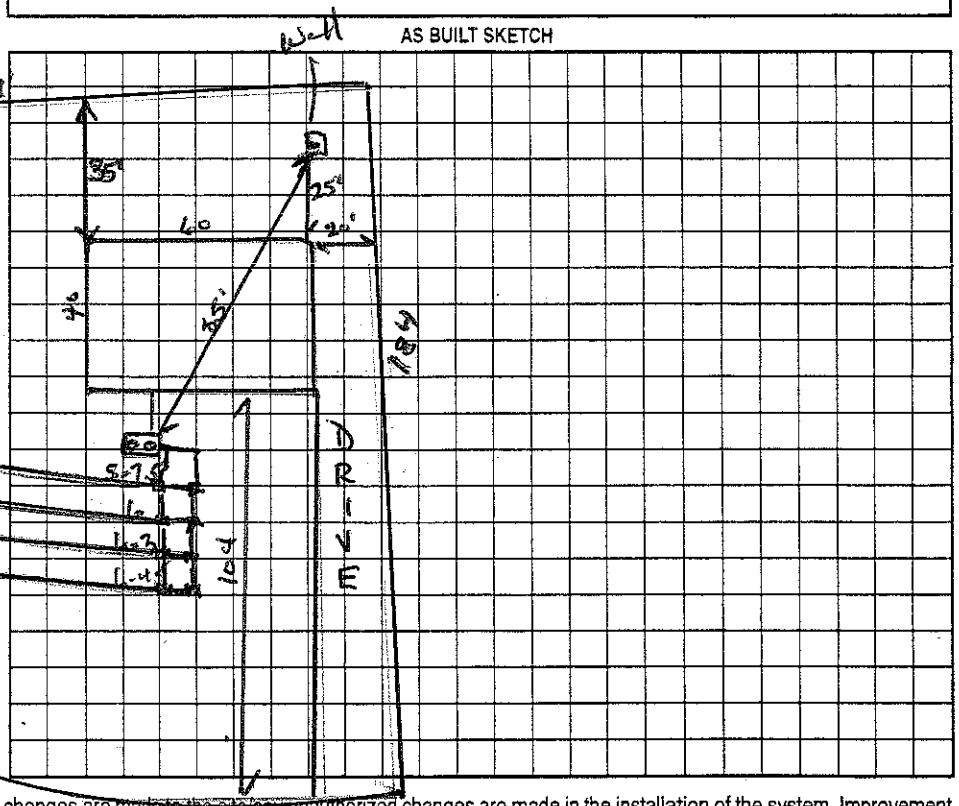
1" = 50'

Comments/Conditions: ~~the~~ filtration not installed

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: X _____ date 11/22/05

Improvement Permit by: Wesley Sparks R.S. date 10/5/05

Authorization to Construct by: _____ date 5-12-06

Installed by: Piedmont Septic Tank

Operation Permit by: Wesley Sparks R.S. date 7/28/06

Existing System Inspection by: _____ date _____

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