Replaces Permit issued 4-28-05 (C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12667 2 PIN# 4706-85-0451 DATE 5-01-07

OWNER OR APPLICANT Apex Developers, LLC PHONE: Business (704) 902-1232 Home

ADDRESS 128 Sugar Dr. Troutman, N.C. 28166

LOCATION South Creek W. from 115 on Rt. towards End of Rd. Lot 90 Rt.

SUBDIVISION Forest Creek BLOCK / SECTION 1 LOT #4 LOT AREA 0.514 ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 lg/d

Septic Tank: 1000 Gallons; STB w/ Pump Date 11-22-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36 Max Trench Bottom Depth 24 Gravel Depth ____

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Gravity ☒ Pressure

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

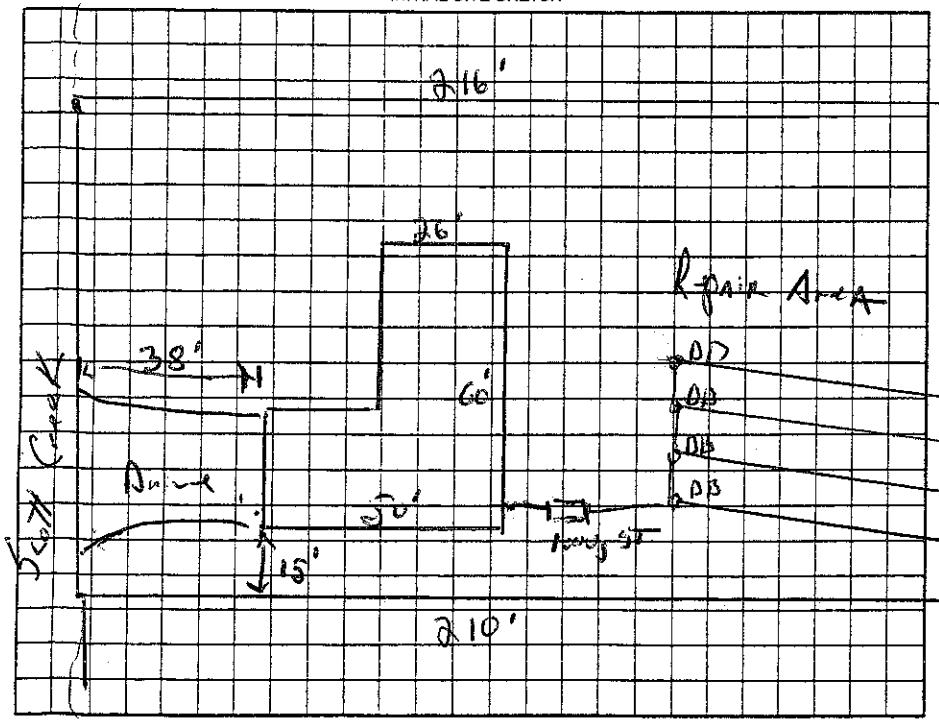
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: Follow contour 1" = 40'

Comments/Conditions: Follow install SF marker

INITIAL SITE SKETCH



AS BUILT SKETCH

Install as Drawn

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 5-7-07

Improvement Permit by: [signature], R.S. date 2 May 07

Authorization to Construct by: [signature], R.S. date 2 May 07

Installed by: Charles Baxter

Operation Permit by: [signature], R.S. date 20 Dec 07

Existing System Inspection by: ____ date ____

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