IREDELL COUNTY HEALTH DEPARTMENT

(C1) STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 140444 PIN# 4706-86-2068 DATE 29 May 07

OWNER OR APPLICANT Apex Developers / Kristi McCall PHONE: Business 704-902-1232 Home same

ADDRESS 128 Suzuki Drive Troutman, N.C.

LOCATION 360 ft Creek Rd from 115 - TR Forest Creek Lot on Rt.

SUBDIVISION Forest Creek BLOCK / SECTION 2 LOT 27 LOT AREA 0.717 ac. SITE CLASS. P3 DESIGN FLOW 360gpd L.T.A.R. 0.33/1.32 gpd

Septic Tank: 1000 Gallons; STB 1007 Date 10-24-07

Pump Tank: 1000 Gallons; PT 274 Date 10-25-07

Pump Make: Zoeller Model N-53 Serial No. 3410

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

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

System Description: 25% Reduction - Pump

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ Yes ☐ No

☑ Gravity ☑ Pressure

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

No. Bedrooms 3 No. Persons No. Employees

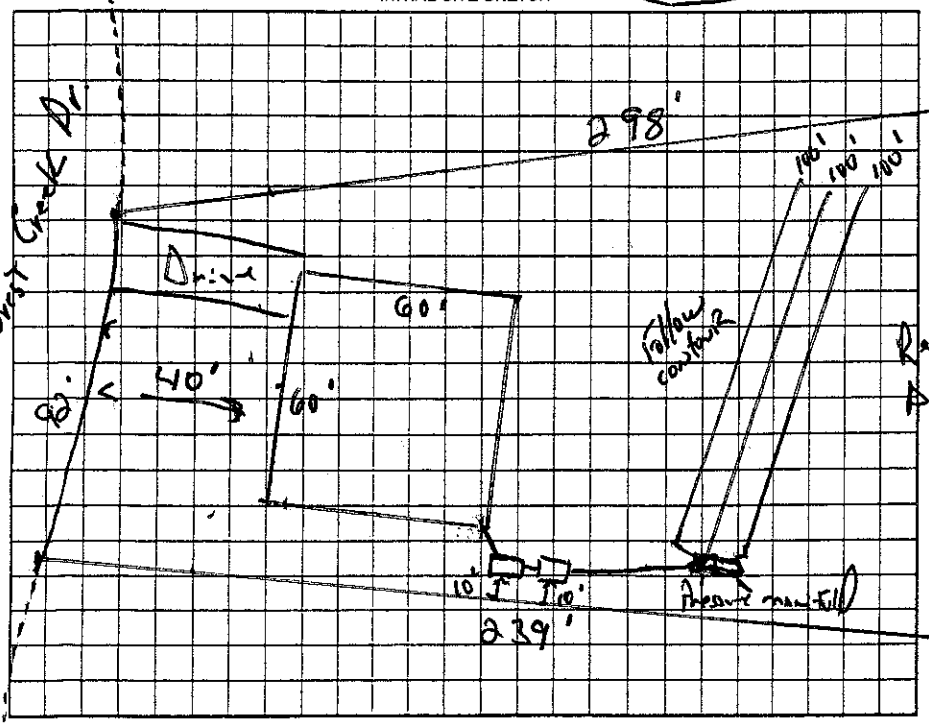
Water Supply: ☐ Individual ☑ Public ☐ Community

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

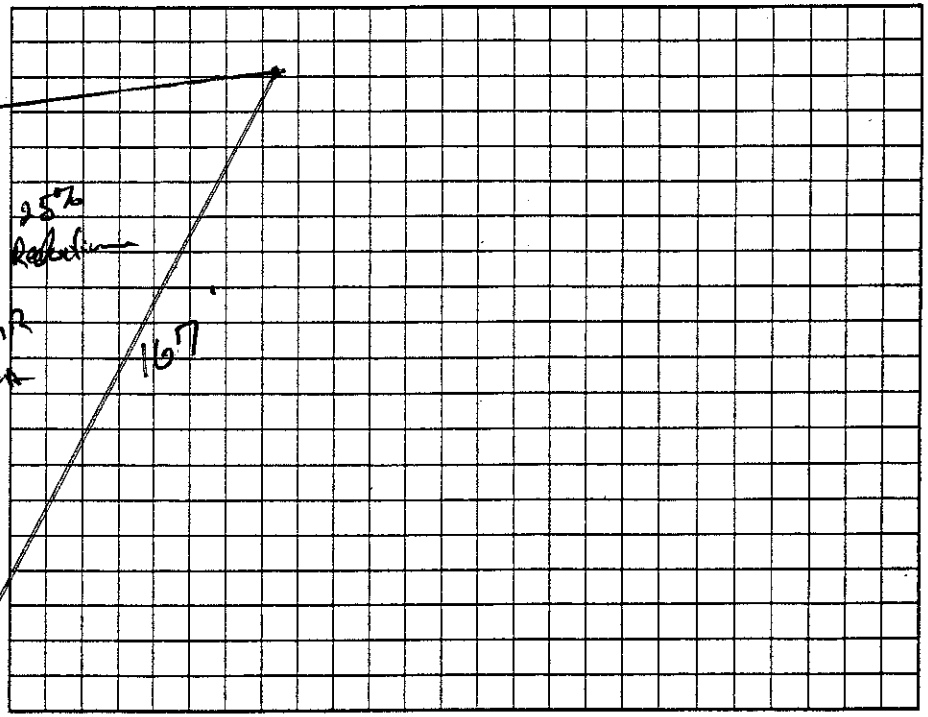
Comments:/Conditions: Follow contour

Comments:/Conditions: Orange Fill

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 5-30-07

Improvement Permit by: [signature], R.S. date 29 May 07

Authorization to Construct by: [signature], R.S. date 29 May 07

Installed by: Charles Beatty Grading

Operation Permit by: [signature], R.S. date 15 Apr 08

Existing System Inspection by: date

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