Replaces permit # issued 6 Nov 06 CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13757 PIN# 4706-86-~~2339.001~~ 3763 DATE 19 Nov 07

OWNER OR APPLICANT Steve Caldwell / Apex Developers PHONE: Business (828) 312-5787 Home (828) 478-2779

ADDRESS 188 Swanki Drive Troutman NC

LOCATION

SUBDIVISION Forest Creek BLOCK / SECTION 2 LOT 21 LOT AREA 0.46ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. 0.3 / 1ft²/day

Septic Tank: 1000 Gallons: STB 825 Date 3-8-8
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines 4 Trench Width 34" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 50% Reduction / Gravity
Repair System Description: 50% Reduction / pump
Maintenance Agreement Required: ☐ Yes ☒ No

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

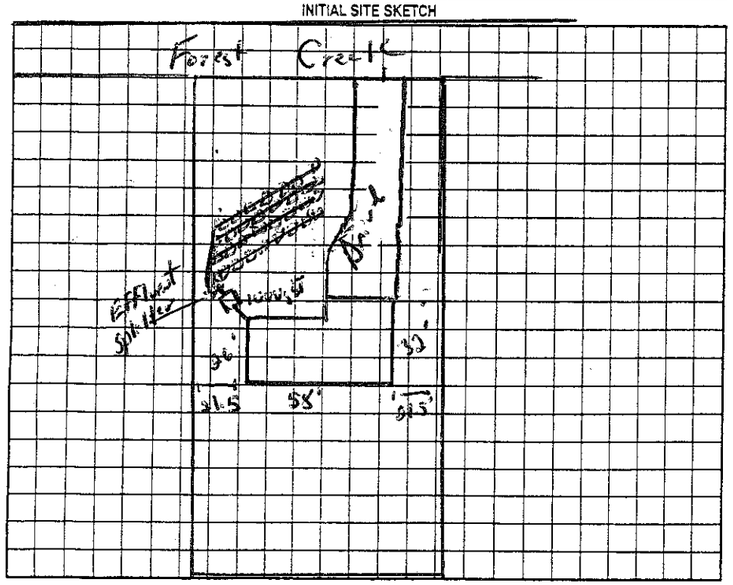
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:
Follow contour / use effluent splitter
Install 4 panels in 4 equal length lines

Comments:/Conditions:
Blue/White Filter

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: Dawn Porter date 11/20/07

Improvement Permit by: ____ R.S. date 19 Nov 07

Authorization to Construct by: Dawn Wiggins, R.S. da: 2 Nov 08

Installed by: Rowan Septic

Operation Permit by: ____ date 4-22-08

Existing System Inspection by: ____ date ____

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