CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108992 PIN# 4722-67-7045 16 DATE 9/27/06

OWNER OR APPLICANT COOL SPRINGS BLDRS PHONE: Business 1-336-399-5943 Home

ADDRESS PO BOX 2640 Statesville NC 28687-2640

LOCATION BUFFALO SHOALS WEST (1) one (2) RUMPLE HILL (10) Lipped Springs Circle on LT

SUBDIVISION LIPPED SPRINGS BLOCK / SECTION LOT 149/150 LOT AREA 1.39AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB Date 2-2-07
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1260' Linear Feet 400'
No Lines 3X133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAVITY 25%
Maintenance Agreement Required: ☐ Yes ☒ No

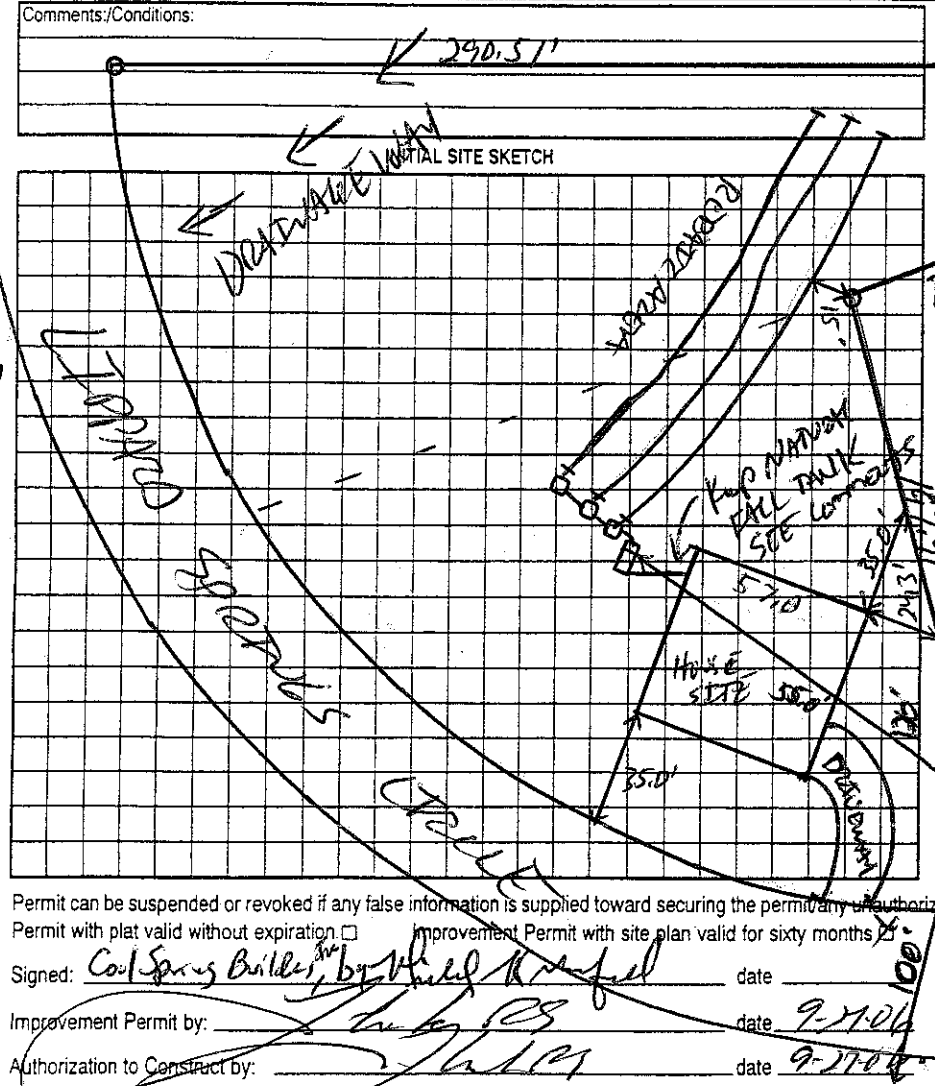
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

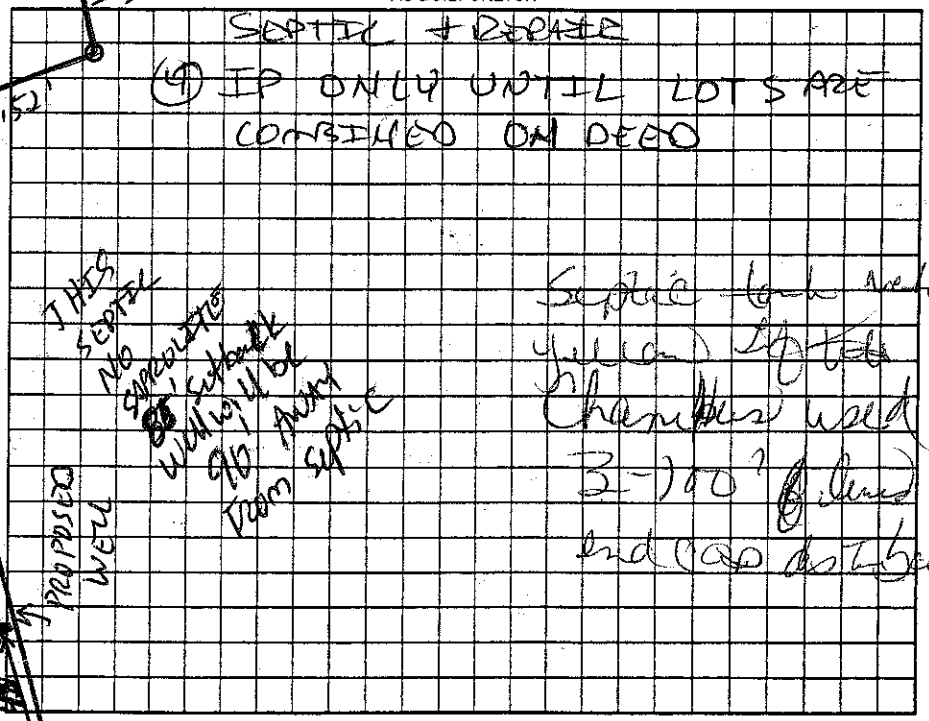
Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions: (1) AN ALTERED SYSTEM MAY BE USED. (2) START BASEMENT CUT AT NATURAL GRADE AT DAYLIGHT AND DIG INTO THE HILL. (3) WELLS MUST BE 100' AWAY FROM SEPTIC & PROPANE (4) IP ONLY UNTIL LOTS ARE COMBINED ON DEED

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: Cool Springs Builders, Inc. by [signature] date

Improvement Permit by: [signature] date 9-27-06

Authorization to Construct by: [signature] date 9-27-06

Installed by: CRAIG Thompson

Operation Permit by: [signature] date 7-11-07

Existing System Inspection by: date

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

SAPROLITE

SYSTEM AS OF 9/27/06