IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 119990 PIN# ~~4722-79-1840.37~~ 4722-69-9445 DATE Oct 26, 04

OWNER OR CONTRACTOR Mtn Creek Inn / Spence Blake PHONE: Business _____ Home _____

ADDRESS 125 Whaling Dr., Mooresville, NC 28117

LOCATION From Troutmen - Old Mtn Rd TR Buffalo Shoals TR Davidson Rd TR Winding Cedar on left at jct w/ Short Pine Ln.

SUBDIVISION Davidson Woods BLOCK / SECTION 2 LOT 37 LOT AREA ± .471 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. ~.225

Septic Tank: 1000 Gallons; STB 825 Date 4-9-05
Pump Tank: 1000 Gallons; PT 302 Date 4-3-05
Pump Make: ZOELLER Model N98-B Serial No. _____
Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330
No Lines 3@110' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pm 25% Reduction
Repair System Description: LPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

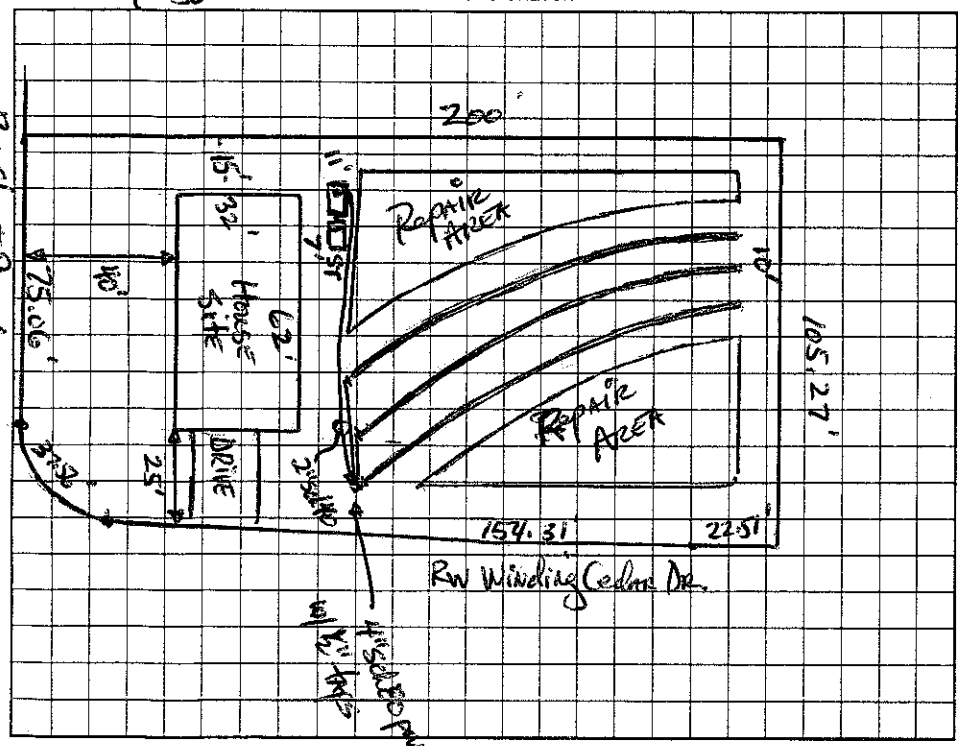
Water Supply: ☐ Individual ☑ ~~Public~~ ☑ ~~Community~~

Comments/Conditions:
Pump specs: 28 gpm at 25' TDH
"Shave off" old berm Remnant

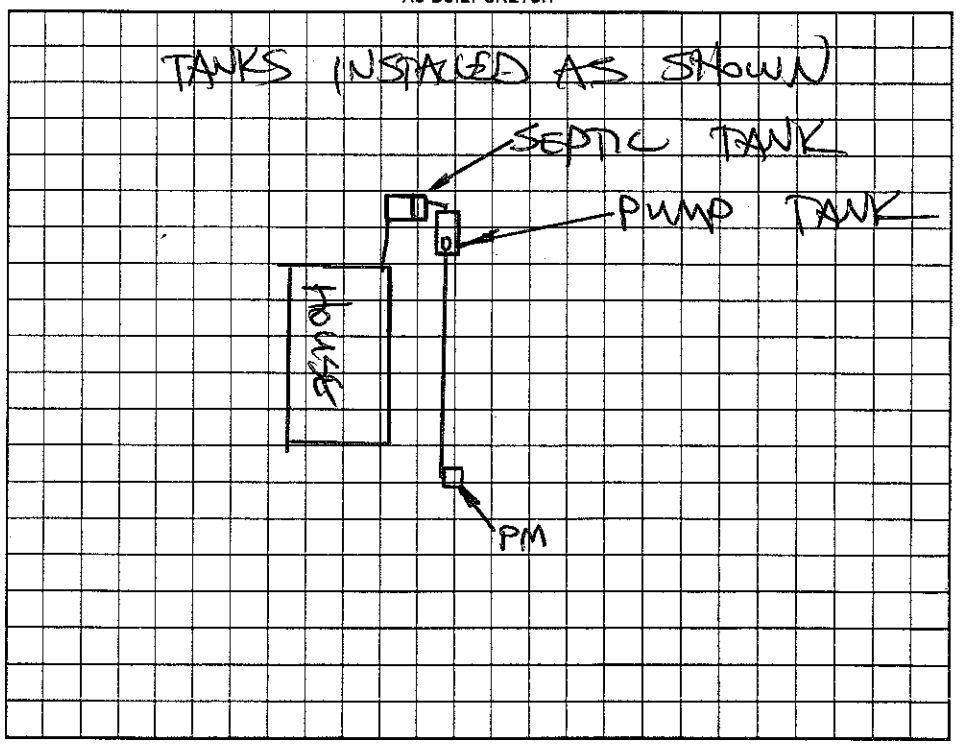
Comments/Conditions:
SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" RISER

1"=50'

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 plan 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: _____ date _____ Installed by: Rowan Septic

Improvement Permit by: DR Hamm, RS date 10-26-04 Operation Permit by: Steve Hedrick date 6-28-05

Authorization to Construct by: DR Hamm, RS date 10-26-04 Existing System Inspection by: _____ date _____

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