IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119955 PIN# 4722-79-1840.39 4722-69-9777 DATE Oct 13, 04

OWNER OR CONTRACTOR Mtn Creek Inv. // Steve Elders PHONE: Business _____ Home _____

ADDRESS 125 Whirling Dr. Mooresville, NC 28117

LOCATION From Troutman; Old Wtn Rd. TR Buffalo Shoals TR Davidson Rd. TR Winding Cedar to top of hill on Right

SUBDIVISION Davidson Woods BLOCK / SECTION 4 LOT 39 LOT AREA .6 Ac SITE CLASS. P5 DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 10-30-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

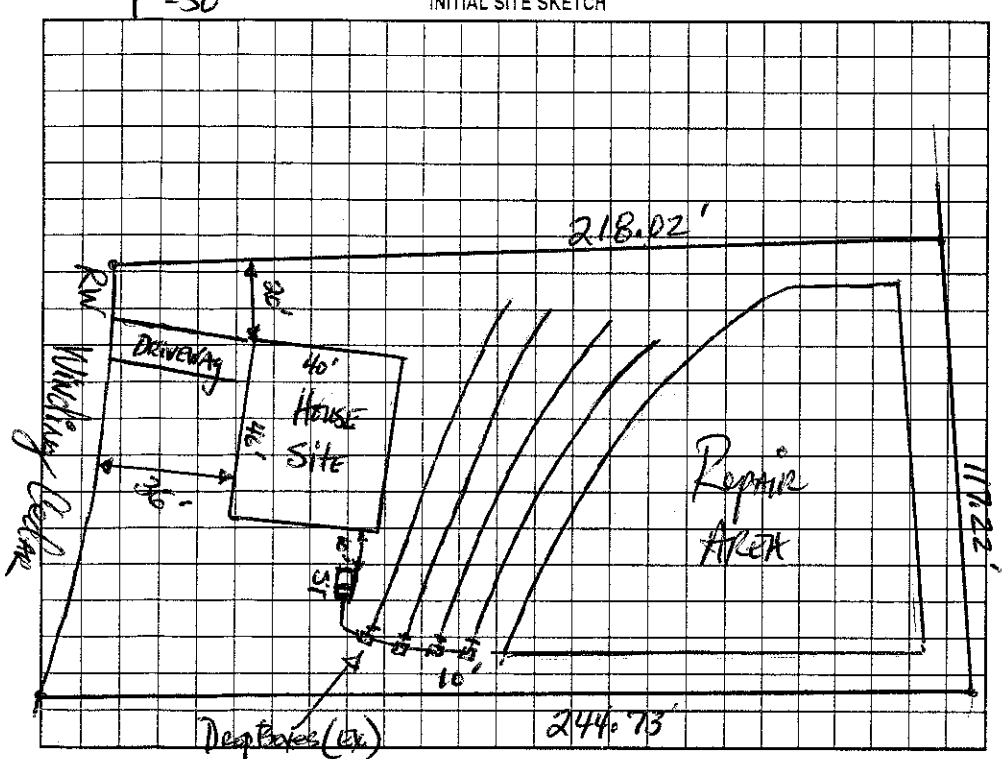
Comments:/Conditions:

BUILDER OK'S TANK CHANGES

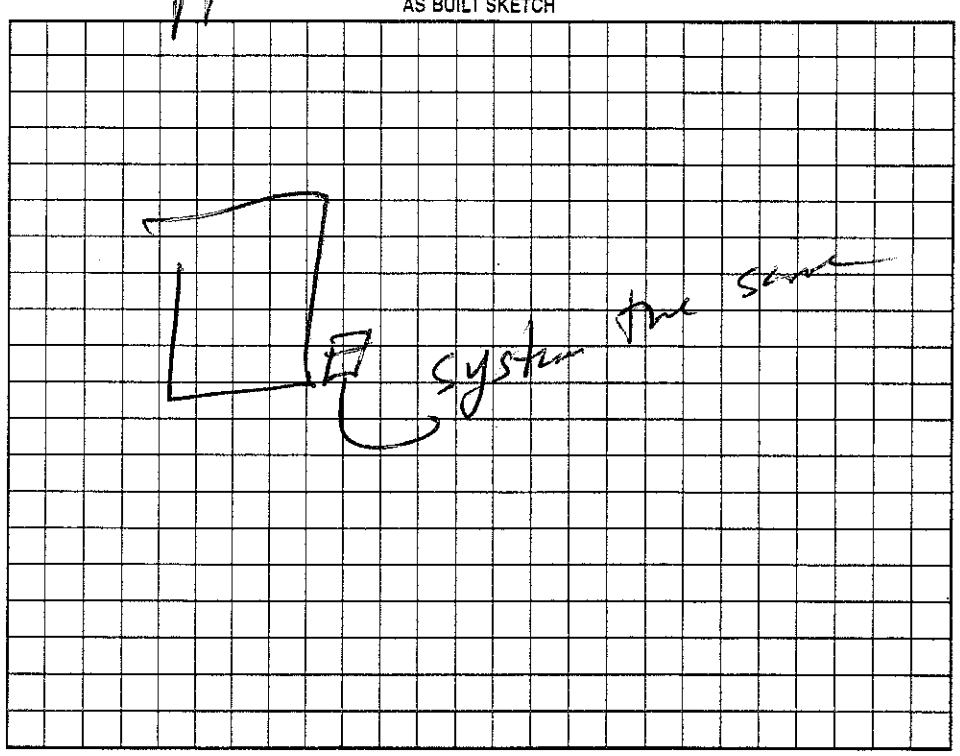
PRECAST FILTER INSTALLED

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 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: _____ date 10/14/04 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ date 10-13-04 Operation Permit by: _____ date 1-10-05

Authorization to Construct by: _____ date 10-13-04 Existing System Inspection by: _____ date _____

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