IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13860 PIN# 4722760934 DATE 11-1-06

OWNER OR APPLICANT Cool Spring Builders PHONE: Business 704-883-0834 Home

ADDRESS 345 Old Mocksville Rd Statesville NC 28625

LOCATION Off R/O Temple Hill Road R/O Upper Cool Spring Circle

SUBDIVISION Upper Cool Spring BLOCK / SECTION 7 LOT 24 LOT AREA .883 SITE CLASS BS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB RST 826.10 Date 2-15-07
Pump Tank: 1000 Gallons; PT 302 Date 1-18-07
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360
No Lines 4 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% Rpr
Repair System Description: Low Pwr Panel
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

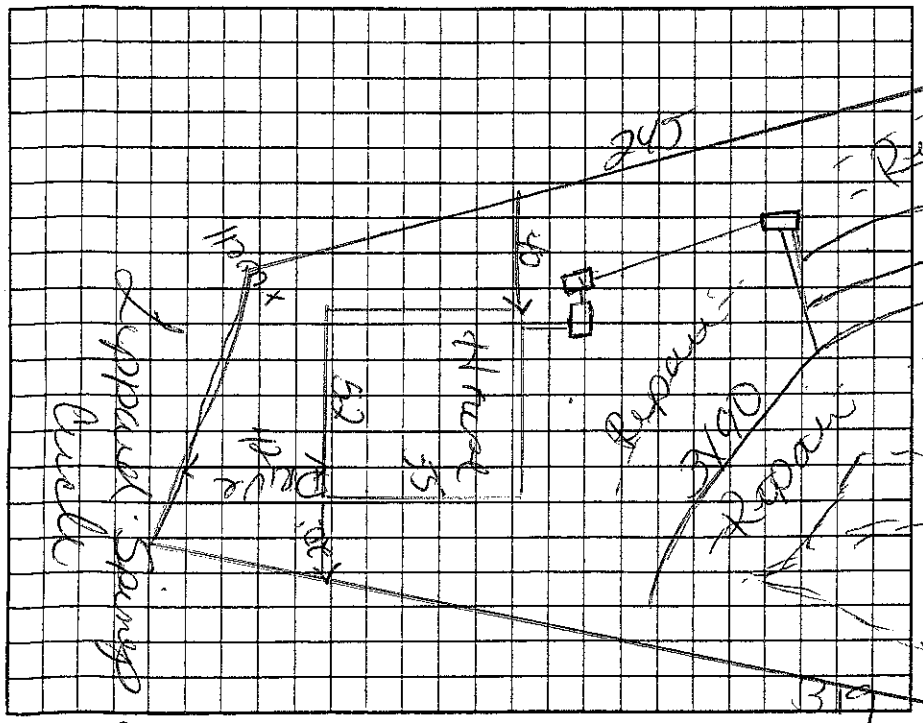
Water Supply: ☑ Individual ☐ Public ☐ Community

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

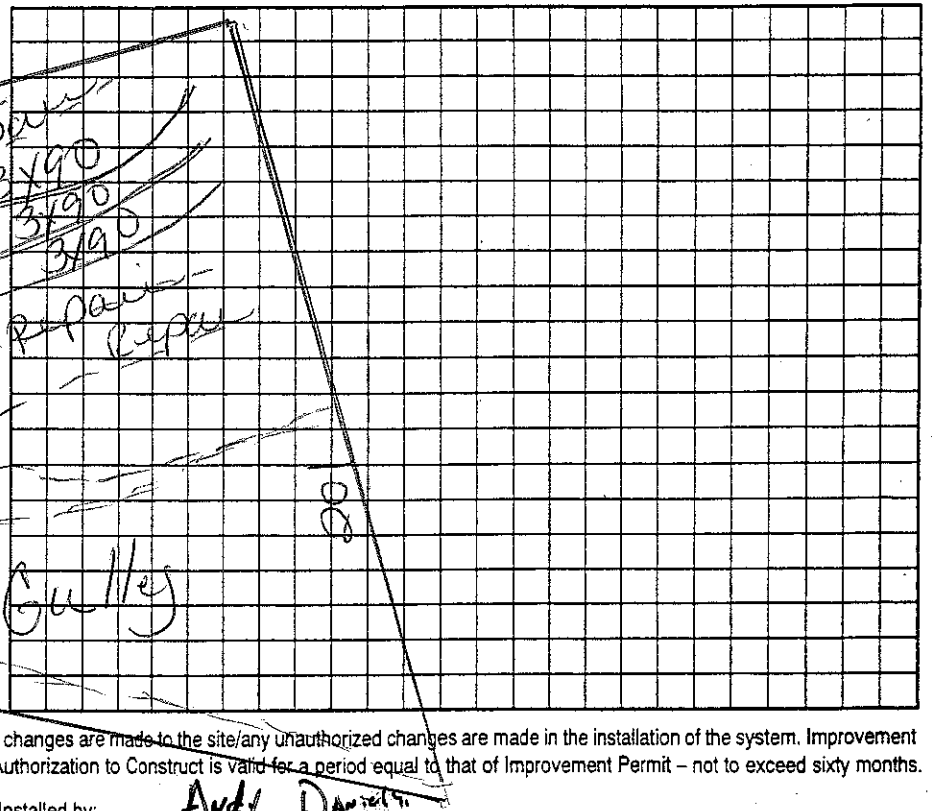
Comments/Conditions:
Elevated on bottom
Maintain all setbacks

Comments/Conditions: Fill installed - Turf - 11/4

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 _____

Improvement Permit by: _____ date 11-1-06

Authorization to Construct by: _____ date 11-1-06

Installed by: Andy Daniels

Operation Permit by: _____, R.S. date 9/14/07

Existing System Inspection by: _____ date _____

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