IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140114 PIN# 4722 695 036.62 DATE 8-13-07

OWNER OR APPLICANT Spear Builders PHONE: Business 704-202-4964 Home

ADDRESS 172 Allendale Cir. Troutman NC

LOCATION Old Mountain Rd N TR Buffalo Shoals TR Davidson Rd TR Winding Cedar on left

SUBDIVISION Davidson Woods BLOCK / SECTION 3 LOT 62 LOT AREA 2.74 AC SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction pm

Repair System Description: 25% reduction pm

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 6

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Shave terrace in system area
100' well setback from system required

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from Rollins Soil & Environmental Services

AS BUILT SKETCH

VOID
Redrawn

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 _____ Installed by: _____

Improvement Permit by: _____ date 8-13-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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