IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Pd 9 MOORESVILLE 704-664-5281

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

PERMIT# 119988 PIN# ~~4722-74-1840.35~~ 4722-79-0371 DATE August 4, 04

OWNER OR CONTRACTOR Mountain Creek Inv. // Sage Blues. PHONE: Business _____ Home _____

ADDRESS 125 Wheeling Dr., Mooresville, N.C. 28117

LOCATION From Troutman, Old Mtn Rd. TR Buffalo Shoals TR Davidson Rd. TR Winding Cedar, TR Winding Pines on right Short Pine

SUBDIVISION Davidson Woods BLOCK / SECTION II LOT 35 LOT AREA 20,000 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 8-5-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 @ 90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

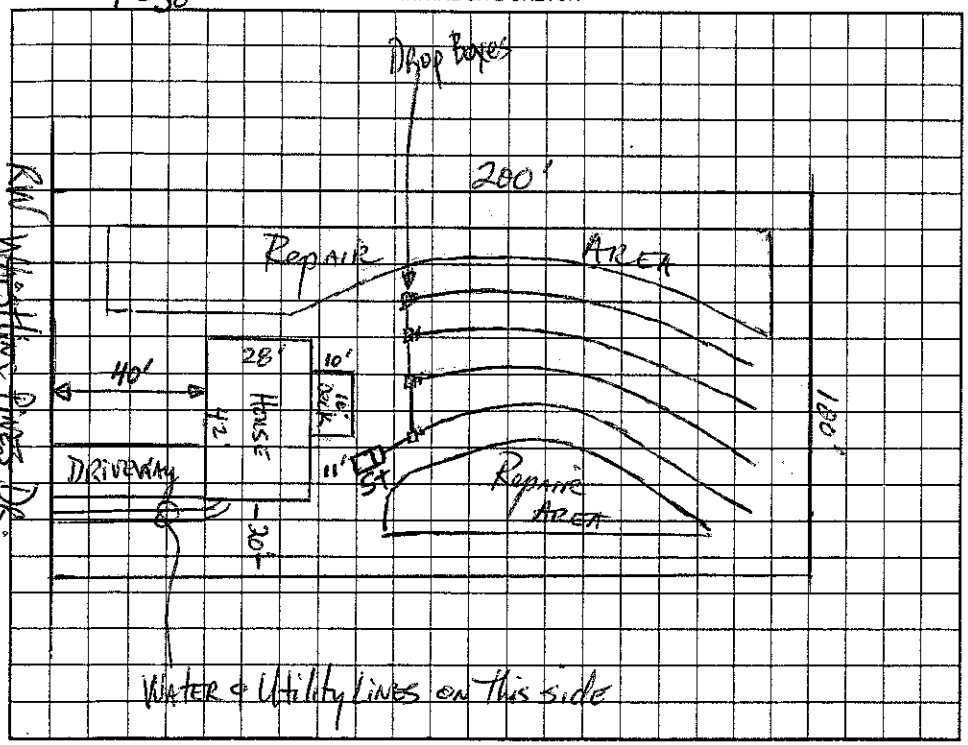
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

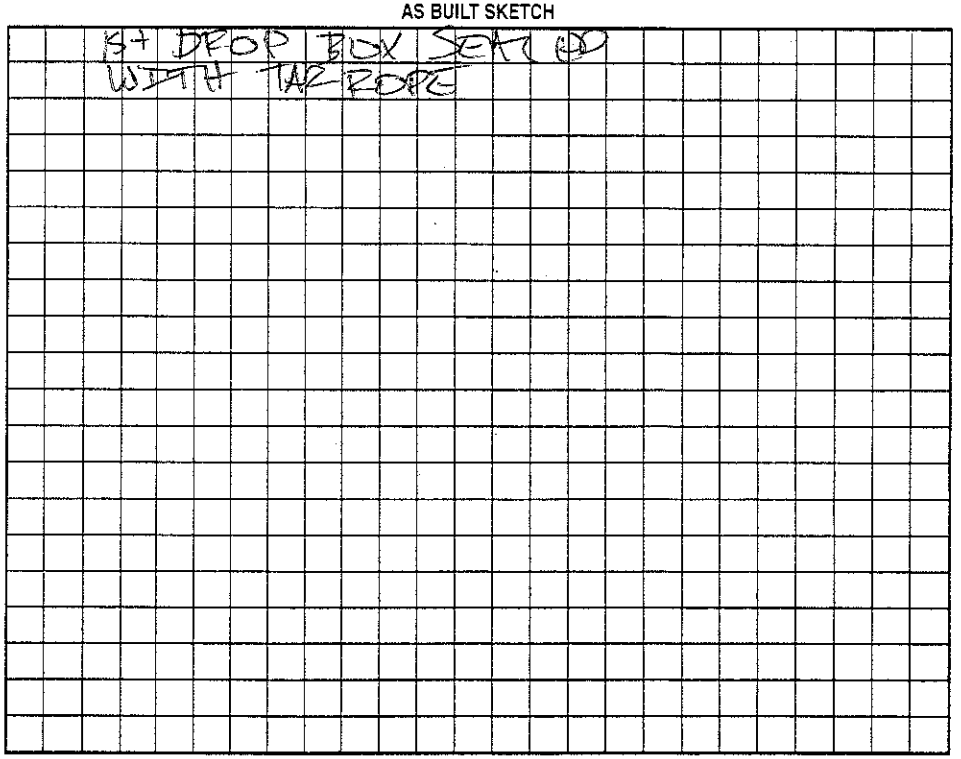
Comments:/Conditions:
POLY LOK FILTER MARKER
BUILDER OK'D TANK PLACEMENT MS

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 8-6-04 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ date 8-4-04 Operation Permit by: _____ date 10-20-04

Authorization to Construct by: _____ date 8-4-04 Existing System Inspection by: _____ date _____

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