IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $ 130 (cr) MOORESVILLE 704-664-5281

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

PERMIT# 19956 PIN# ~~4722-79-1840.40~~ ~~4722-79-0865~~ 4722-79-0865 DATE Oct 13, 04

OWNER OR CONTRACTOR Mtn Creek Inv. // Spence Bates PHONE: Business _____ Home _____

ADDRESS 125 Whaling Dr, Mooresville NC 28117

LOCATION From Treadaway - Old Mtn Rd TR Buffalo Shoals TR Davidson Rd TR Winding Cedar on right near top of hill

SUBDIVISION Davidson Woods BLOCK / SECTION II LOT 40 LOT AREA 1.6 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 10-17-04
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 NA

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

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

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

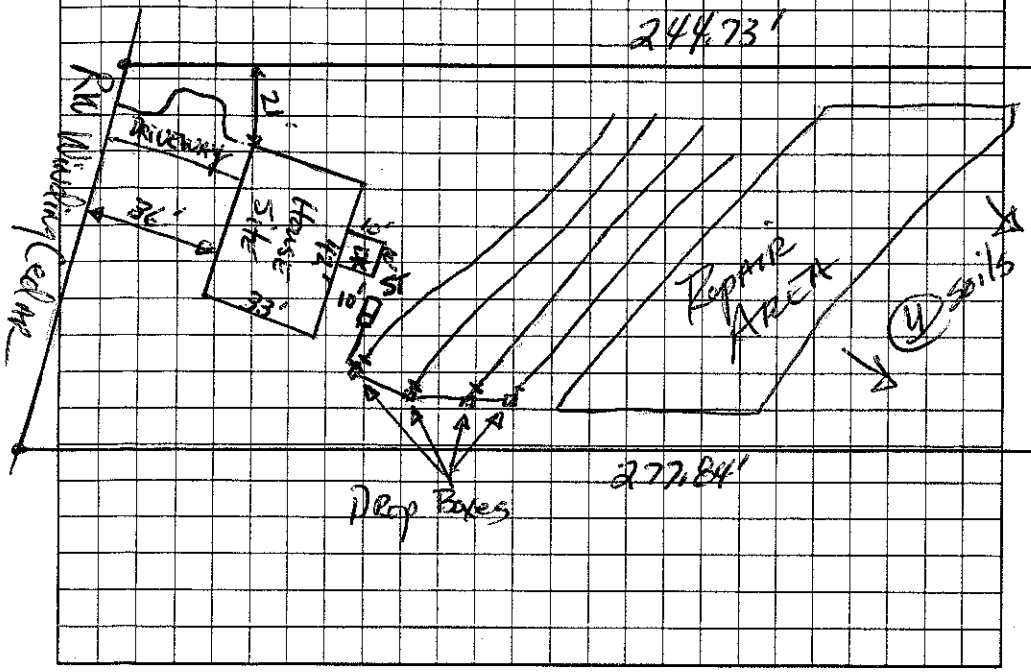
Water Supply: ☐ Individual ☑ ~~Public~~ ☑ ~~Community~~

Comments:/Conditions:

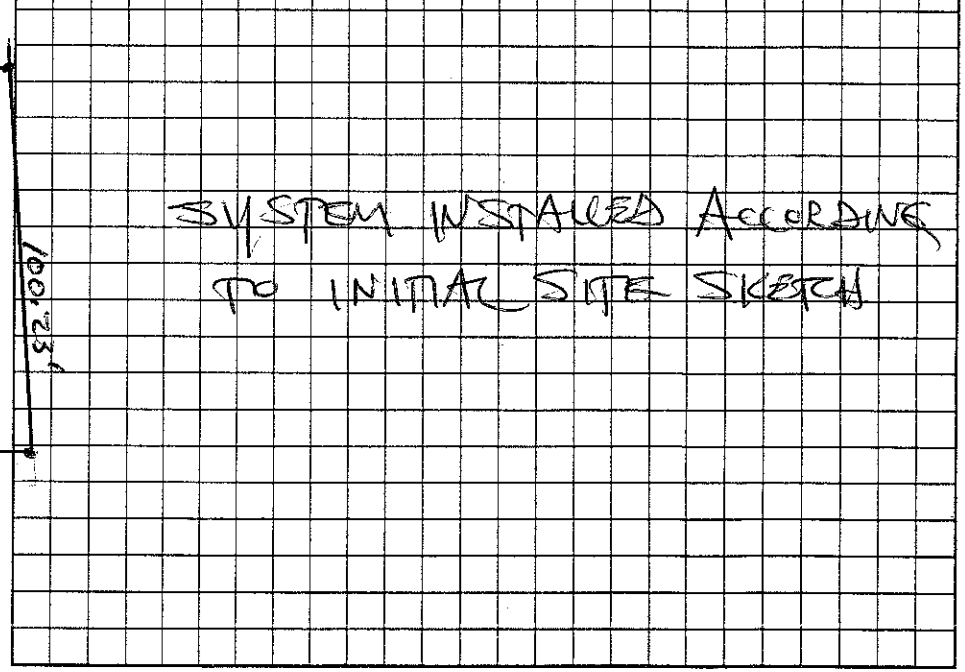
Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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: DR Hamm, RS date 10-13-04 Operation Permit by: STEVE HENDRICK date 1-5-05

Authorization to Construct by: DR Hamm, RS date 10-13-04 Existing System Inspection by: _____ date _____

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