IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #130 MOORESVILLE 704-664-5281

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

PERMIT# 119453 PIN# ~~4722-79-1840.23~~ 4722-79-1544 DATE July 20, 2004

OWNER OR CONTRACTOR Mtn Creek Investments / Spence Bibles PHONE: Business _____ Home _____

ADDRESS 116 Whaling Dr. / Mooresville, N.C. 28117

LOCATION Old Mtn. Rd. / TR Buffalo Shoals TR Davidson Rd TR Winding Cedar or left @ exit w/ Whistling Pines

SUBDIVISION Davidson Woods BLOCK / SECTION II LOT 23 LOT AREA .548 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 9-28-04
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: LPP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No Initially

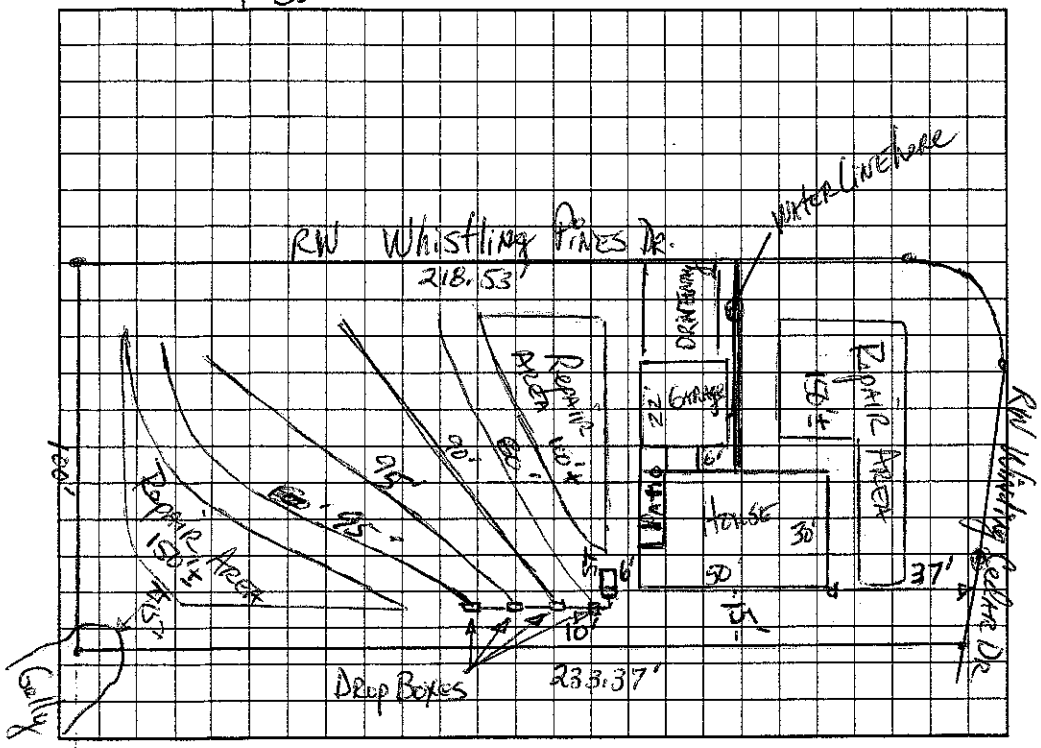
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: POLYFLOW FILTER & MEMBER
INSTALLED AS DRAWN
5' OFF LOT

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 7/28/04 Installed by: ROWAN SEPTIC

Improvement Permit by: D.R. Hinson, RS date 7-20-04 Operation Permit by: _____ date 12-13-04

Authorization to Construct by: D.R. Hinson, RS date 7-20-04 Existing System Inspection by: _____ date _____

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