IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) 828-312-5363 MOORESVILLE 704-664-5281

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

PERMIT# 11995 PIN# ~~4722-79-1840.21~~ 4722-79-3613 DATE Nov 4, 04

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

ADDRESS 125 Whaling Dr Mooresville N.C 28117

LOCATION From Perimeter - old Hwy 21 TR Buffalo Shoals TR Davidson Rd TR Winding Cedar X creek on left

SUBDIVISION Davidson Woods BLOCK / SECTION II LOT 21 LOT AREA .6Ac SITE CLASS B DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 160 Date 8-30-06
Pump Tank: 1000 Gallons; PT 317 Date 9-26-06
Pump Make: Zoeller Model N 137 Serial No. _____
Nitrification Field: No Fields ___ Square Feet 520 / 750 Linear Feet 250
No Lines 5 @ 52' Trench Width 24" min Bldr Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No w/ Initially

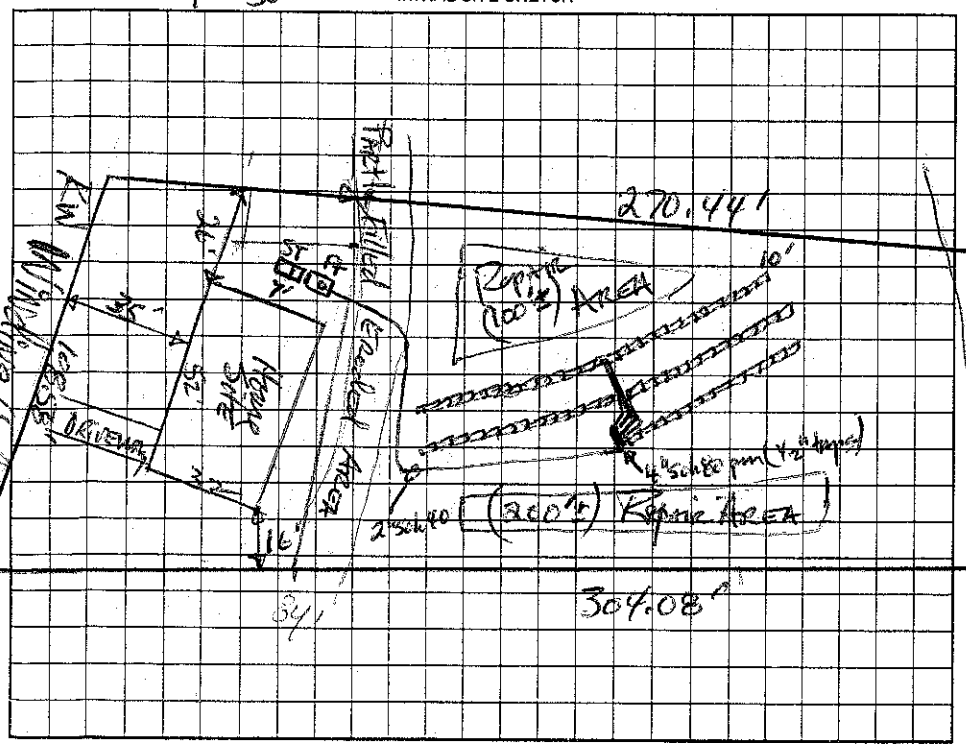
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

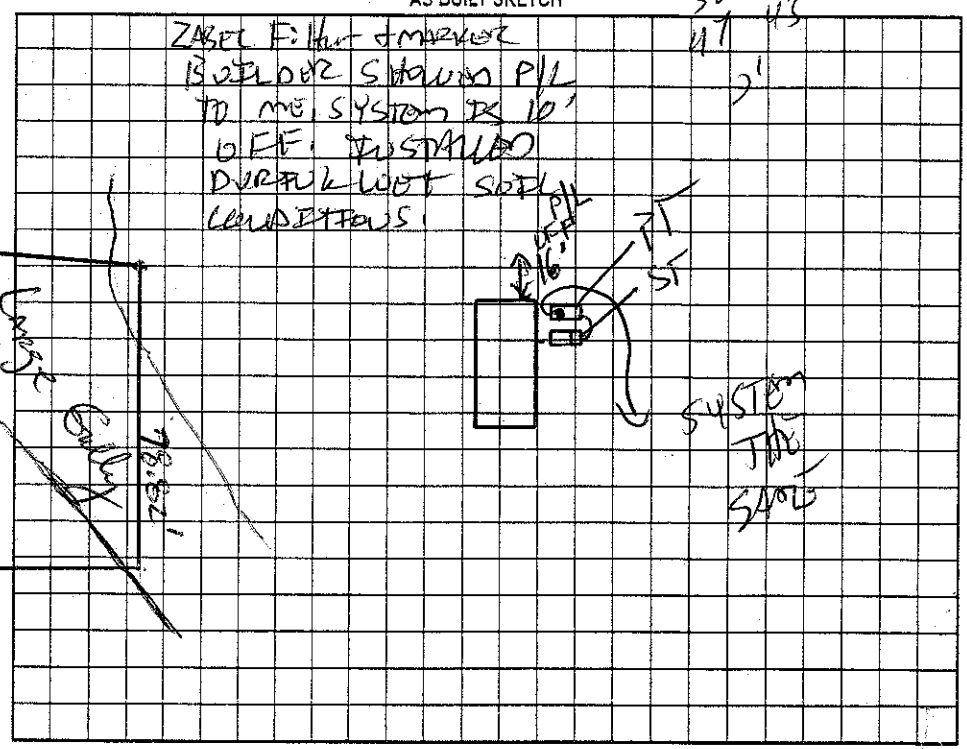
Comments/Conditions: OR = 36" max 9'cl
Pump spec's 43gpm at 28' TDH

Comments/Conditions: ~~Bottom~~ OK'd Tank changes
[illegible]

INITIAL SITE SKETCH 1"=50'



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 11/4/04 Installed by: Rawdy Sides

Improvement Permit by: D.R. Hamm, RS date 11-1-04 Operation Permit by: _____ date 11-24-06

Authorization to Construct by: D.R. Hamm, RS date 11-1-04 Existing System Inspection by: _____ date _____

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

sch 80 1½ 27gpm