IREDELL COUNTY HEALTH DEPARTMENT

10' + 7 min 155

STATESVILLE 704-878-5305 (1)

MOORESVILLE 704-664-5281

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

PERMIT# 11995D PIN# ~~4722-74-1840.20~~ ~~4722-99-3780~~ 4722-99-3780 DATE Nov 1, 04

OWNER OR CONTRACTOR ~~Mac Creek Inn~~ / Spence Elders. PHONE: Business _____ Home _____

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

LOCATION From Perfection - Old Mills RD. TR Buffalo Shoals TR Davidson Rd. TR Winding Cedar X Creek on left

SUBDIVISION Davidson Woods BLOCK / SECTION II LOT 20 LOT AREA .564 Ac SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB Delta-80 Date 3-11-07

Pump Tank: 1000 Gallons; PT Delta-DS Date 3-11-07

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240

No Lines 3 Trench Width 24" B'c'c Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☐ 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~~

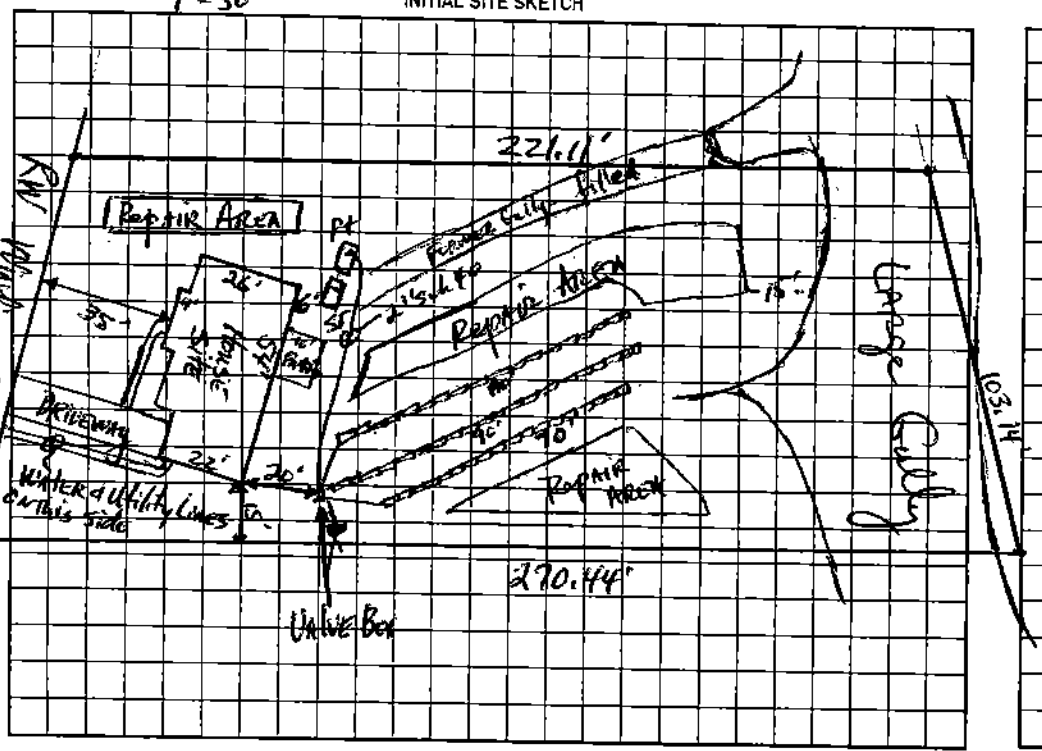
Comments:/Conditions:

Comments:/Conditions:

Valved box relocated upslope / Line lengths equal 3x80' /

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 11/4/04 Installed by: Dennis Hoyle

Improvement Permit by: _____ date 11-1-04 Operation Permit by: _____, R.S. date 5/14/07

Authorization to Construct by: _____ date 11-1-04 Existing System Inspection by: _____ date _____

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