IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 CT MOORESVILLE 704-664-5281

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

PERMIT# 119971 PIN# ~~4722-79-1840.29~~ 4722-79-5205 DATE Nov 1, 04

OWNER OR CONTRACTOR Mary Creek Inv // Spear Bldrs. PHONE: Business _____ Home _____

ADDRESS 125 Whaling Dr. Mooresville NC 28117

LOCATION From Troutman - old Wilkes Rd TR Buffalo Shoals TR Davidson TR Winding Cedar TL Short Pine on left near end

SUBDIVISION Davidson Woods BLOCK / SECTION II LOT 27 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 5-29-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
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: ~~on~~ LP 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

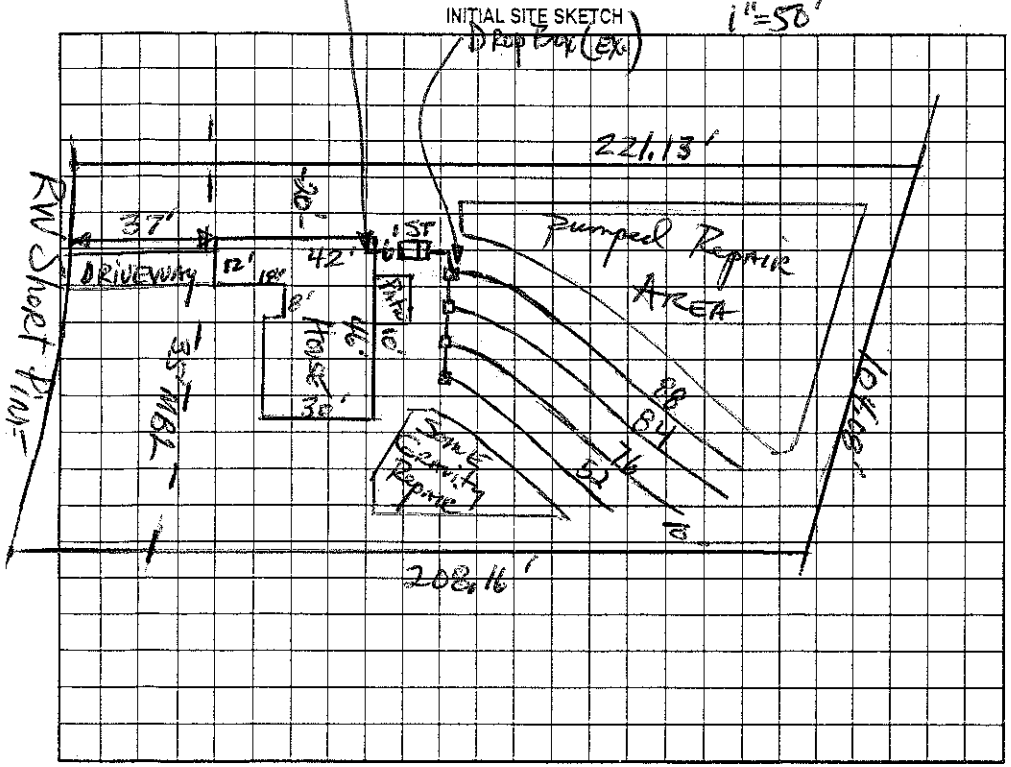
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:
* Do Not cut/lower house site. Must exit plumbing where shown to effect gravity system.

Comments:/Conditions: POLYLOK Filter Adapter

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: DENNIS HULL

Improvement Permit by: _____ date 11-1-04 Operation Permit by: _____ date 8-25-06

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