IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 115017 PIN# 4723-70-~~7863.17~~ 4212 DATE Feb. 20, 2004

OWNER OR CONTRACTOR Mtn. Creek Investment PHONE: Business _____ Home _____

ADDRESS 117 Whaling Dr., Mooresville N.C. 28117

LOCATION From Trantham 115-21N 42 Old Mtn Rd TR Buffalo Shoals Rd TR Davidson Rd. TR Winding Cedar on Right

SUBDIVISION Davidson Woods BLOCK / SECTION _____ LOT 17/17A LOT AREA .66ac + .24ac SFE SITE CLASS. PSSFE DESIGN FLOW 360gpd L.T.A.R. .3 (SFE 17A)

Septic Tank: 1000 Gallons; STB 825 Date 2-17-04

Pump Tank: 1000 Gallons; PT 302 Date 1-20-04

Pump Make: Goulds Model WE512H Serial No. ~~[illegible]~~ 5049337

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: PPR 25% Reduction on SFE 3-17A

Repair System Description: LP PPBPS on SFE 3-17A

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

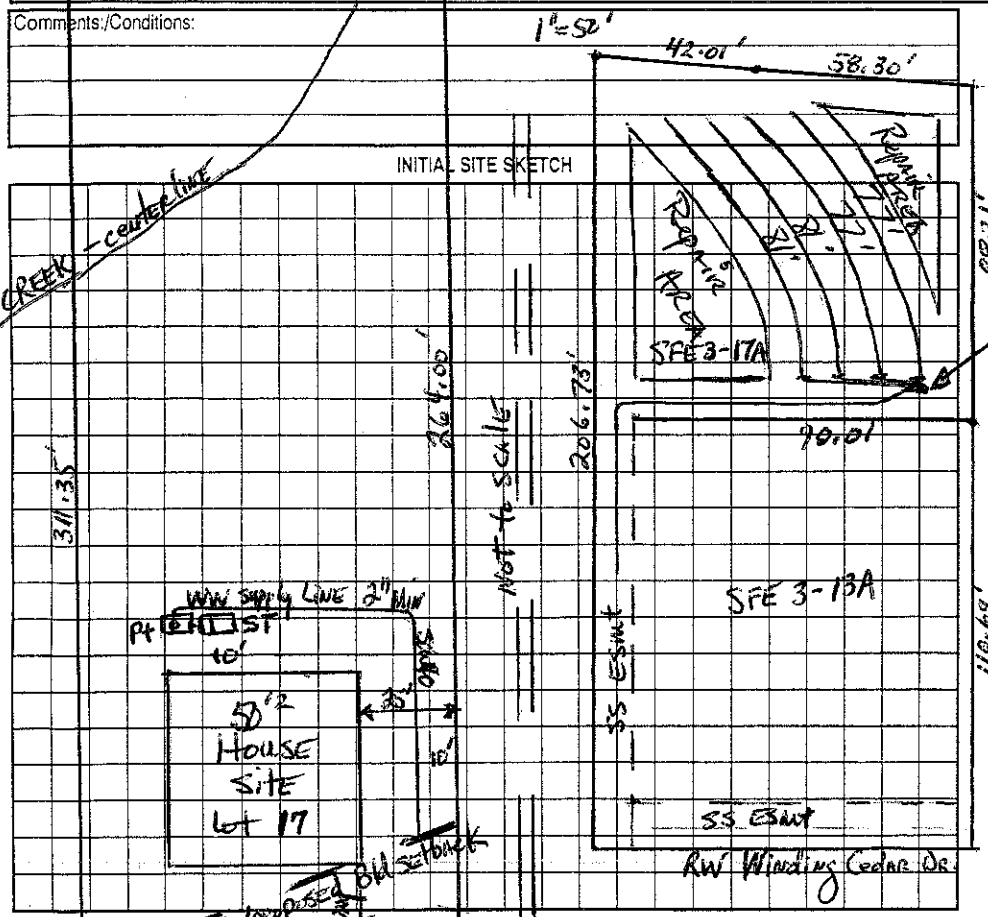
☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☑ Community

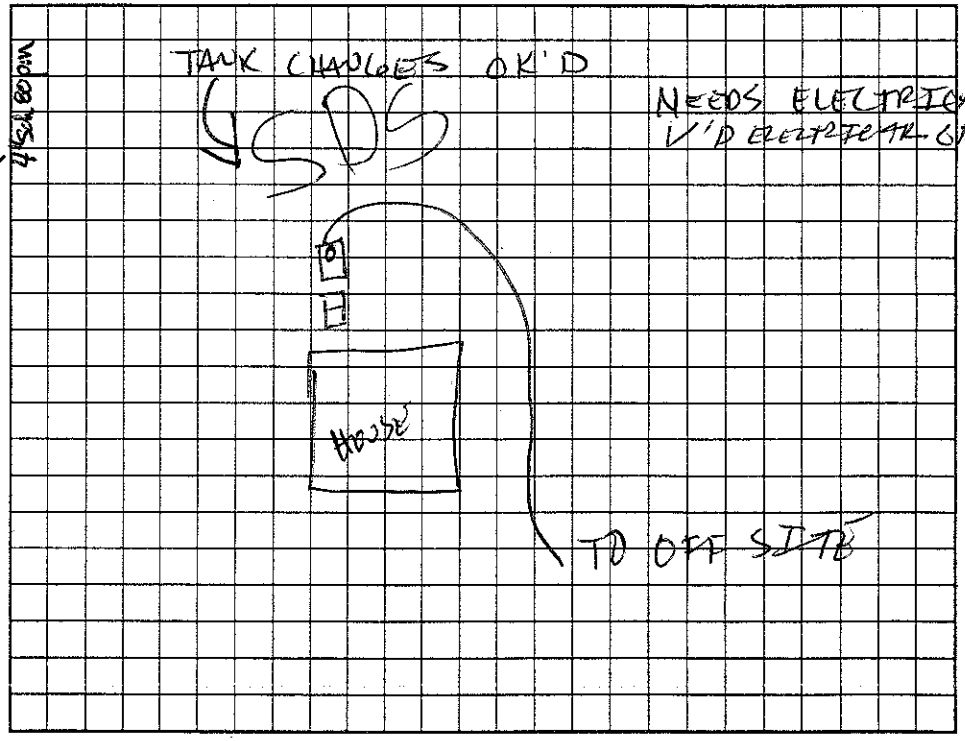
Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions: POLYLOK FILTER & MARKER

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 2/23/04 Installed by: Rowan Septic

Improvement Permit by: _____ date Feb 20, 2004 Operation Permit by: _____ date 4-30-04

Authorization to Construct by: _____ date 2-23-04 Existing System Inspection by: _____ date _____

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