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# 111572 PIN# 4723-70-4183.6 5420 DATE March 15, 2004

OWNER OR CONTRACTOR Mountain Creek Inv. LLC / Spear Bldg. PHONE: Business _____ Home _____

ADDRESS 118 Whitney Dr. Mooresville NC 28117

LOCATION From Troutman Old Mtn. Rd. TR Buffalo Shoals TR Davidson Rd. TR Winding Cedar on Right

SUBDIVISION Davidson Woods BLOCK / SECTION _____ LOT 6/6A LOT AREA .52ac + .25ac SFE SITE CLASS. PS SFE DESIGN FLOW 360gpd L.T.A.R. .03 SFE 6A

Septic Tank: 1000 Gallons; STB 825 Date 3-29-04
Pump Tank: 1000 Gallons; PT 302 Date 3-9-04
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

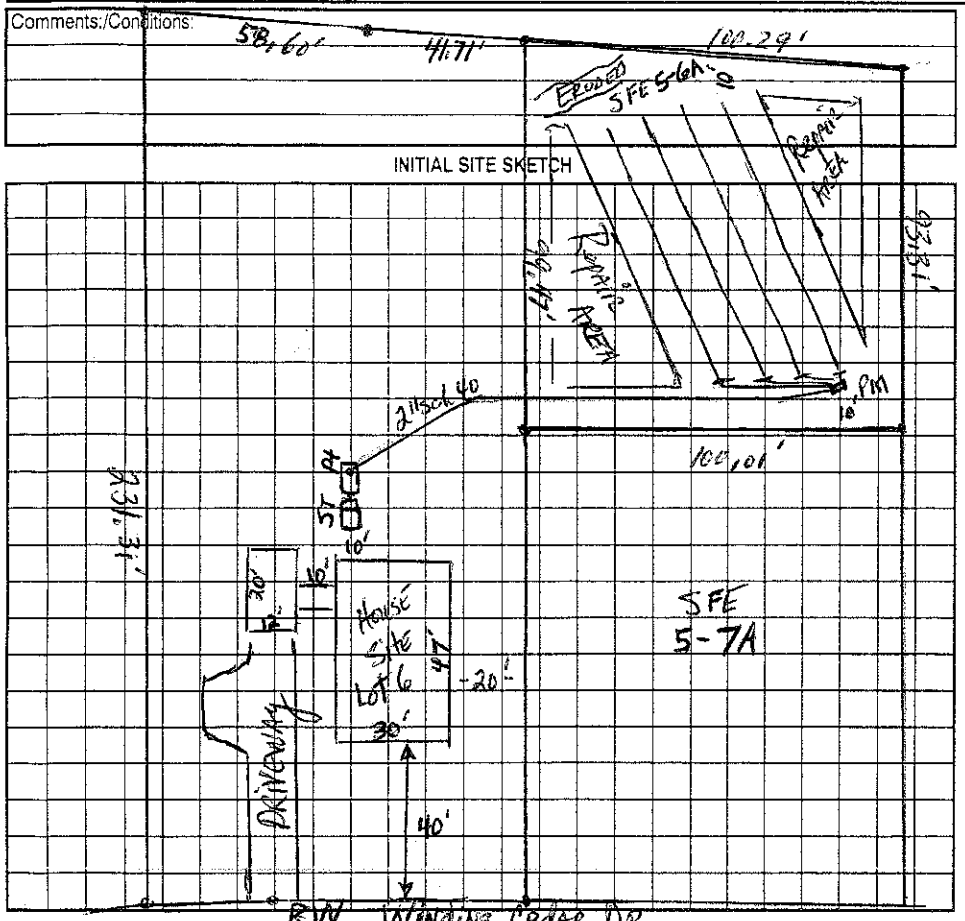
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: LPP PBPS
Maintenance Agreement Required: ☐ Yes ☑ No

☑ 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:

Poly lok filter Installed, 48 Infiltrator Chambers Installed, pressure check ok 5/26/04 - Electrical + Non AS BUILT SKETCH

ORy, 6/29/04 mcf

Septic Installed As Shown Per Initial Site Sketch. (Except House layout is Reversed.) mcf

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 3/17/04 Installed by: Rowan Septic

Improvement Permit by: _____, RS date 3-15-04 Operation Permit by: William O. Johnson date 6/29/04

Authorization to Construct by: _____, RS date 3-15-04 Existing System Inspection by: _____ date _____

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