# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111568 PIN# 4723-70-~~4483.4~~ 6545 DATE Sept 26, 03

OWNER OR CONTRACTOR Mountain Creek Investment, LLC / Sean Bell PHONE: Business _____ Home _____

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

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

SUBDIVISION Davidson Woods BLOCK / SECTION _____ LOT 4 LOT AREA .48AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 12-1-03

Pump Tank: 1000 Gallons; PT 302 Date 12-19-03

Pump Make: ZOELLER Model N98 Serial No. N98 B

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: pump to FM. 25% Reduction

Repair System Description: LP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No Initially

Gravel Depth NA

☑ 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:

Pump Specs: 28gal/min @approx 18' TDH

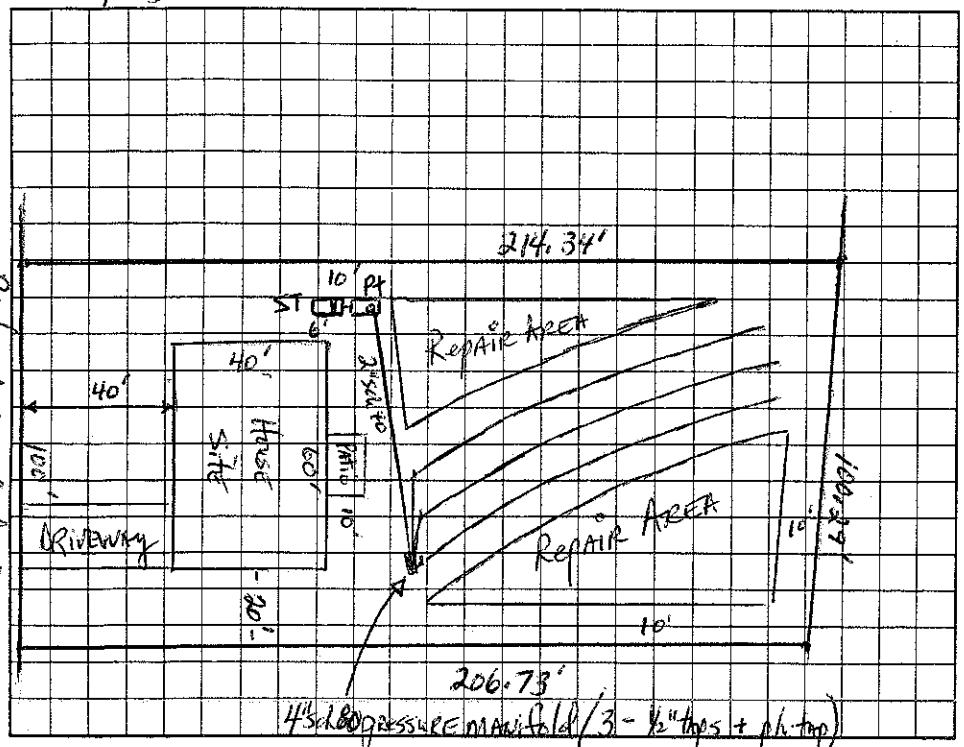
Comments:/Conditions: POLYLOK FILTRE

V'D TANKS & LINES UPPER SURFACE. NEEDS ELECTRICAL.

* TANKS ARE 10' OFF P/L MARKED BY RIBBON IN THE TREE'S. LC 2-11-04

1"=50'

INITIAL SITE SKETCH




RW Winding Cedar Dr.

AS BUILT SKETCH

2-23-04 TURNDOWN ELECTRICAL

2-24-04 ELECTRICAL OK

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 10/2/03 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ date 9-26-03 Operation Permit by: _____ date 2-24-04

Authorization to Construct by: _____ date 10-6-03 Existing System Inspection by: _____ date _____

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