IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111580 PIN# ~~4723-70-4835-11~~ 4723-70-7391 DATE August 11, 03

OWNER OR CONTRACTOR Mountain Creek Investment LLC / Spear Const. PHONE: Business _____ Home _____

ADDRESS 117 Whaling Dr., Mooresville N.C.

LOCATION From Tabernacle - Old Mtn Rd. TR Buffalo Shoals Rd TR Davidson Rd. TR Winding Cedar Dr. on left

SUBDIVISION Davidson Woods BLOCK / SECTION 1 LOT 11 LOT AREA .96Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25 with 1.1 125LPF Reserve

Septic Tank: 1000 Gallons; STB 825 Date 7-20-03
Pump Tank: 1000 Gallons; PT 302 Date 7-6-03
Pump Make: Zoeller Model N98 Serial No. —
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Shallow pressure Reduction
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other

Water Supply: ☐ Individual ☐ Public ☑ Community

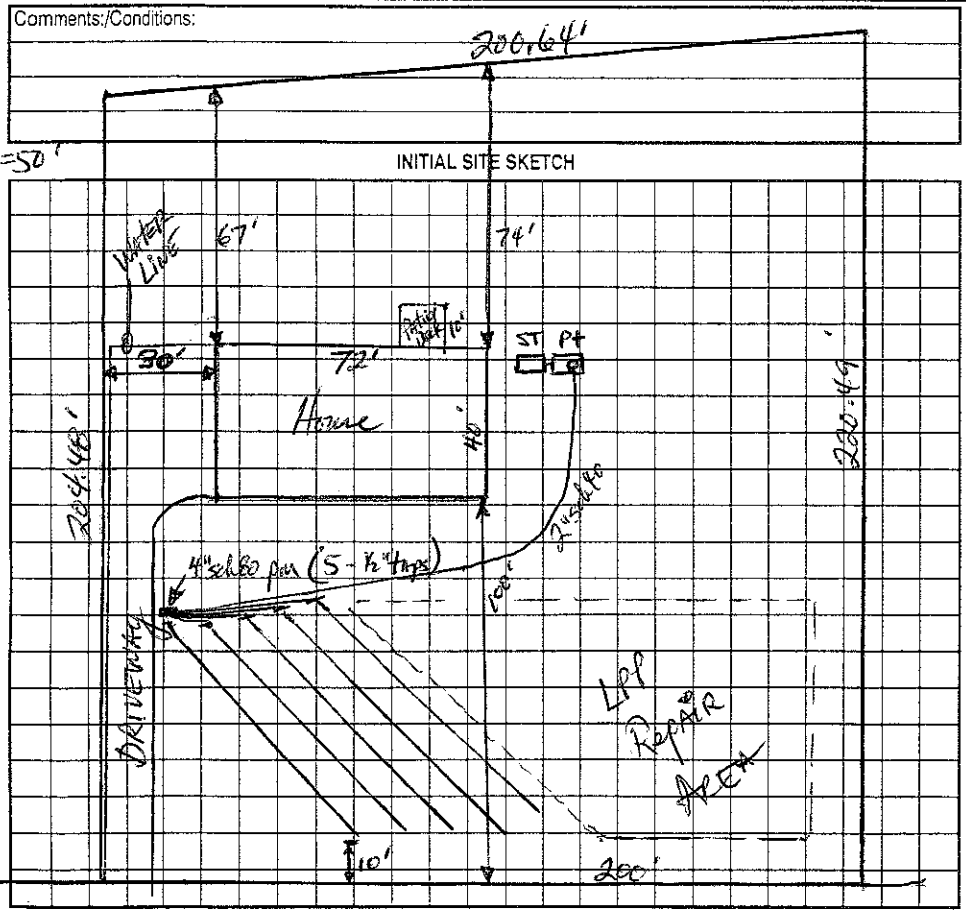
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: - Pickle filter Installed
- Final Pressure Check okay
W/D Electrical Alarm, everything OK LC

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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 8/14/03

Improvement Permit by: _____, RS date 8-11-03

Authorization to Construct by: _____, RS date 8-14-03

Installed by: Rowan Septic & Grading (10/13/03)

Operation Permit by: _____ date 12-16-03

Existing System Inspection by: _____ date _____

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