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# ~~4723-90-4853-11~~ 4723-70-7391 DATE August 11, 03

OWNER OR CONTRACTOR Mountain Creek Investments LLC / Beer Const. PHONE: Business _____ Home _____

ADDRESS 117 Whaling Dr., Mooresville N.C.

LOCATION From Tubutyam - 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 .98Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25 initial / .1-.125 LPP Repair

Septic Tank: 1000 Gallons: STB 825 Date 7-26-03
Pump Tank: 1000 Gallons: PT 302 Date 7-6-03
Pump Make: Zoeller Model N93 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 pm-25% Reduction
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☑ No initially
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

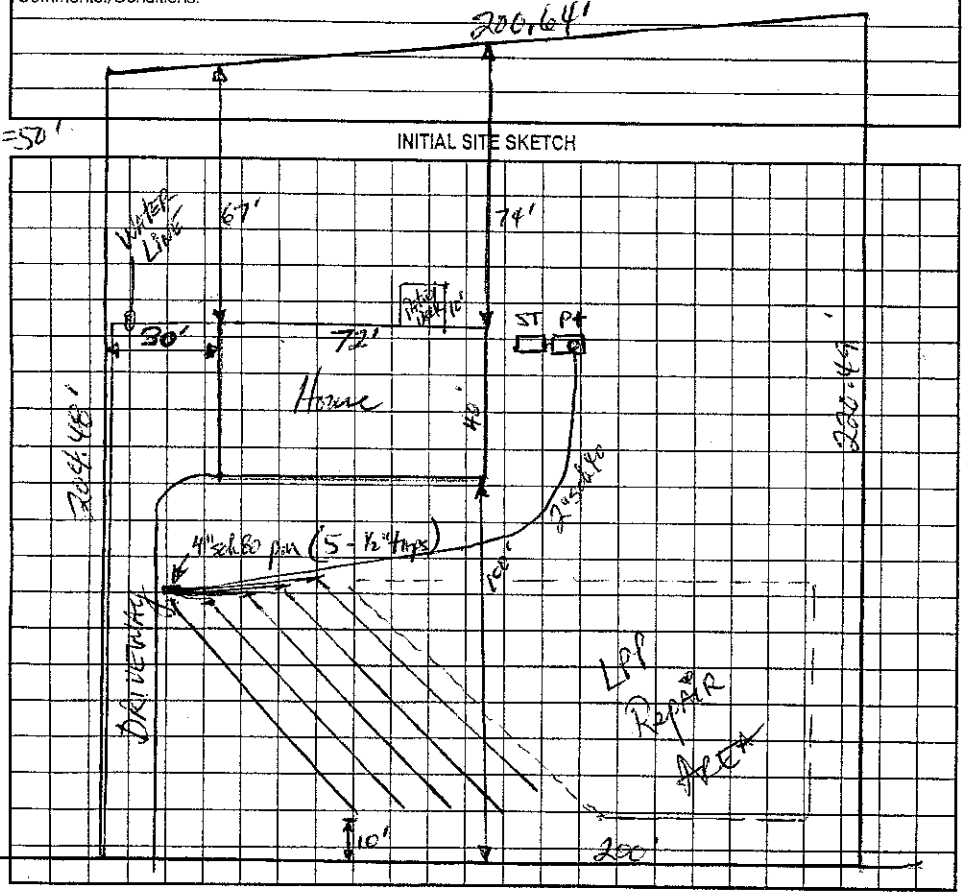
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

200.64'

1"=50'

INITIAL SITE SKETCH



Comments:/Conditions: - Polylok filter Installed
- Lines + Pressure Check okay
V'D Elevation Meas. Elevations OK LC

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 (6/13/03)

Operation Permit by: _____ date 12-16-03

Existing System Inspection by: _____ date _____

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