IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111582 PIN# 4723-70-~~4463.13~~ 7210 DATE March 22, 04

OWNER OR CONTRACTOR Mountain Creek Inv/Spear Bld. Inc. PHONE: Business _____ Home _____

ADDRESS 117 Winding Dr. Mooresville / 192 Wildwood Circle, Mooresville 28117

LOCATION From Troutman on Old Statesville Rd / TR Buffalo Shoals TR Davidson Rd TR Winding Cedar SFE on Right - Lot on Left

SUBDIVISION Davidson Woods BLOCK / SECTION _____ LOT 13/13A LOT AREA .51ac + .23ac SFE SITE CLASS. PS~~SFE~~ 13A DESIGN FLOW 360gpd L.T.A.R. no 3 SFE 13A

Septic Tank: 1000 Gallons; STB 3-8-04 Date 3-25
Pump Tank: 1000 Gallons; PT 302 Date 4-12-04
Pump Make: ZOELLER Model M-~~153~~ 163 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 930 Linear Feet 310
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

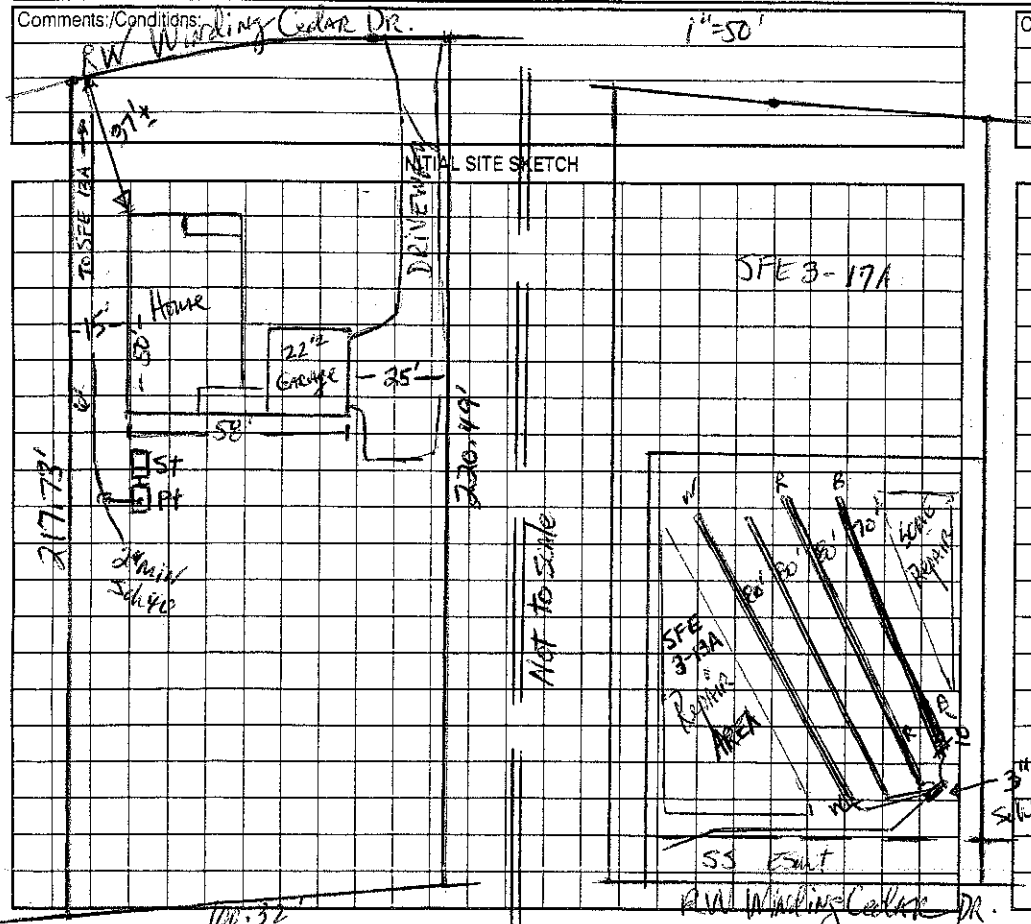
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: LPP BPS
Maintenance Agreement Required: ☐ Yes ☑ No initially
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Water Supply: ☐ Individual ☑ ~~Public~~ ☐ Community

Comments/Conditions: 1"=50'

INITIAL SITE SKETCH



Comments/Conditions: INSTALLED DURING WET SOIL CONDITIONS
POLYLOK FILTER & MANIFOLD
NEEDS ELECTRICAL & PRESSURE

AS BUILT SKETCH

W/D PRESSURE & ELECTRICAL
ENCOUNTERED 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 5-4-04 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ date 3-22-04 Operation Permit by: _____ date 5-7-04

Authorization to Construct by: _____ date 3-22-04 Existing System Inspection by: _____ date _____

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