# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111577 PIN# 4723-70-~~4463-16~~ 8484 DATE Sept 26, 03

OWNER OR CONTRACTOR Mountain Creek Investment / Steve Bly PHONE: Business _____ Home _____

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

LOCATION From Troutman Old Nth Rd TR Buffalo Shoals TR Davidson Rd. TR Winding Cedar 3rd lot on left

SUBDIVISION Davidson Woods BLOCK / SECTION _____ LOT 10 LOT AREA .46 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 835 Date 11-17-02

Pump Tank: 1000 Gallons; PT 302 Date 1-15-04

Pump Make: Zoeller Model N-98B Serial No. 92-002

Nitrification Field: No Fields 1 Square Feet 1320+ Linear Feet 340+

No Lines 4@85'+ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Pin - 25% Reduction

Repair System Description: LPP885

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ 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 36 gal/min @ 23' TDH

Comments:/Conditions: POLYLOK FILTER & MARKER

✓ TANKS / LINES / PUMP SET 3-17-04

NEEDS ELECTRICAL

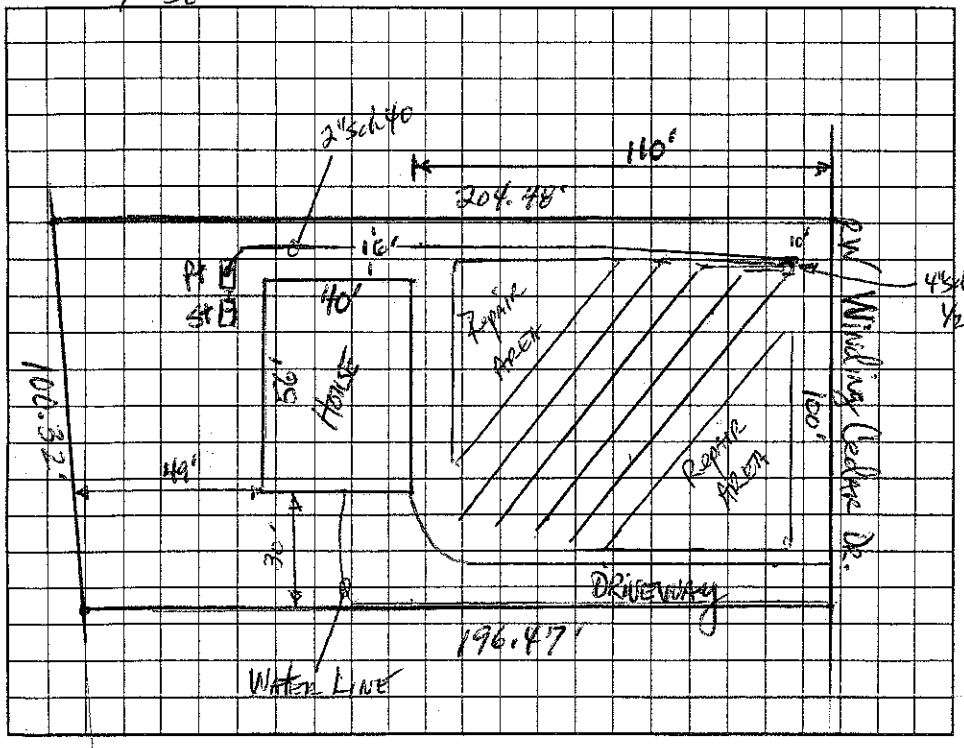
KEEP DRIVE OFF OF LINES. BUILT DETACHED GARAGE INSTEAD OF SIDE

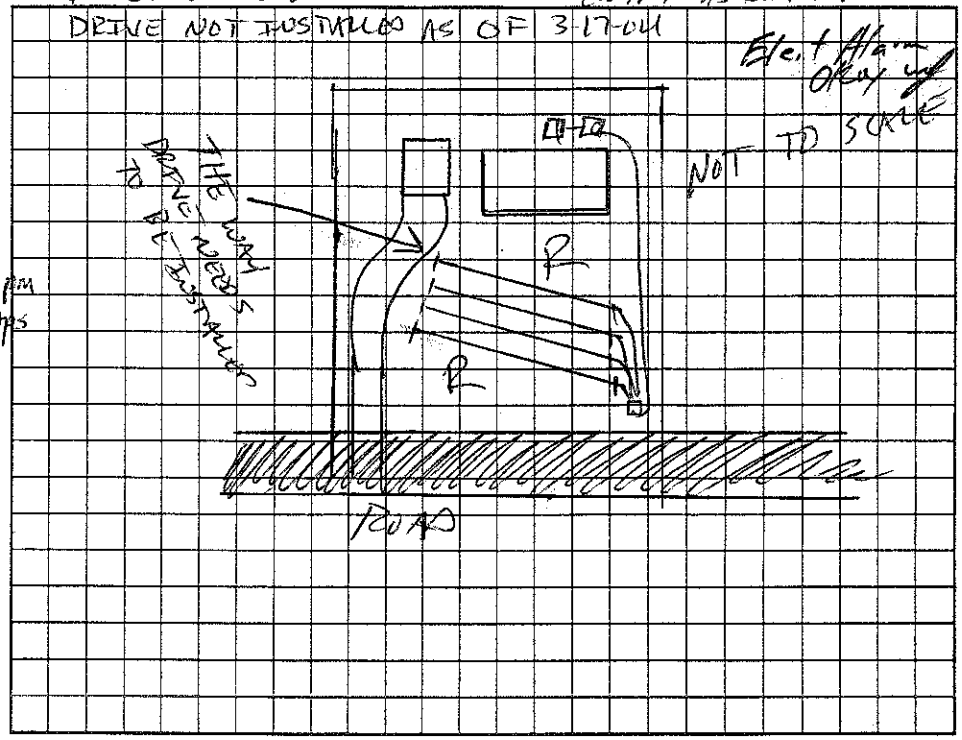
AS BUILT SKETCH ENTRY AS SHOWN. DRIVE NOT INSTALLED AS OF 3-17-04

Elect. final okay to scale

1"=50'

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 10/2/03 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ date 9-26-03 Operation Permit by: _____ date 4/22/04

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