IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111573 PIN# 4723-70-4183.8 4723-80-0662 DATE Sept. 29, 03

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

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

LOCATION From Troutman - Old Nitre Rd TR Buffalo Shoals TR Davidson Rd. on Right just past/at jct with Winding Cedar

SUBDIVISION Davidson Woods BLOCK / SECTION _____ LOT 8 LOT AREA .48 AC SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 11-13-03

Pump Tank: 1000 Gallons; PT 302 Date 8-7-03

Pump Make: Zoeller Model N-98 Serial No. 98-0002

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4@90' 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: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

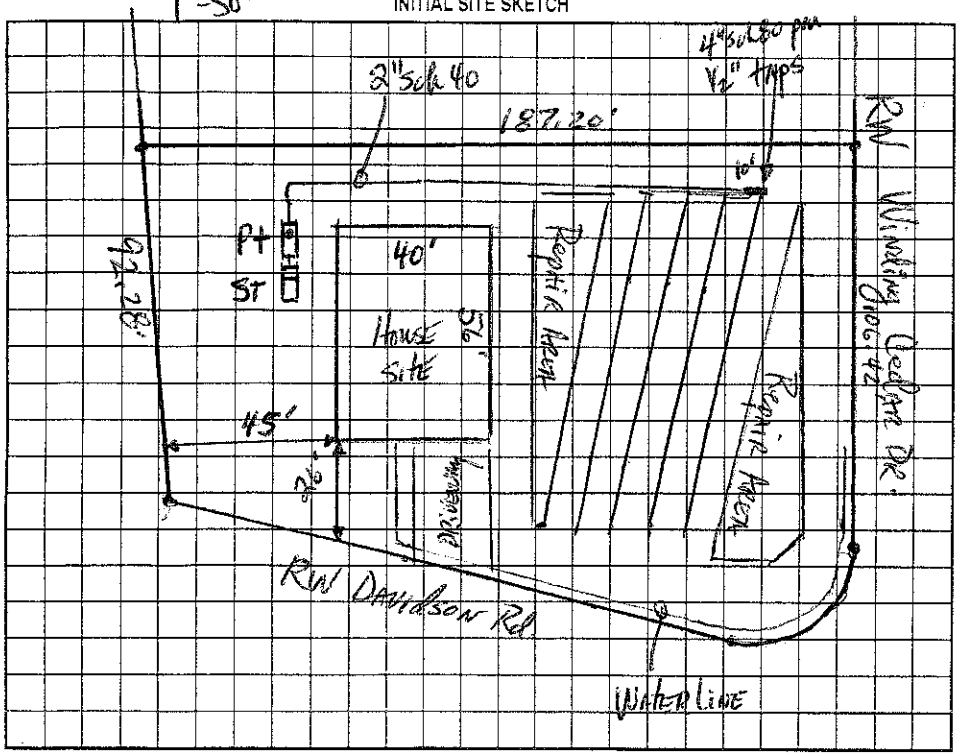
Pump Skid: 36 gpl/min @ 22' TDH

Comments:/Conditions: POLY LOK FILTER & MARKER

V'D LINES & PRESSURE. NEEDS ELECTRICAL. LC 1-12-04

V'D 2-23-04 EVERYTHING OK

INITIAL SITE SKETCH



AS BUILT 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: _____ RS date 9-29-03 Operation Permit by: _____ RS date 2-24-04

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

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