2:30

(I)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114680 PIN# 4730-05-4089 5146 DATE 8-16-06

OWNER OR APPLICANT TOUCHSTONE DEVELOPMENT PHONE: Business 704-201-9885 Home 704-528-9120

ADDRESS 105 Wildwood Cove DR MOORESVILLE, NC 28117

LOCATION 215 (R) PORTH (R) STATE PARK (R) Hicks CREEK (L) LEATH AT END ON RT

SUBDIVISION SMITH'S CREEK BLOCK / SECTION ____ LOT 4 LOT AREA 1.05AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 10-07-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 18

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY 350 GPD REDUCT
Repair System Description: LP SD'/,
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

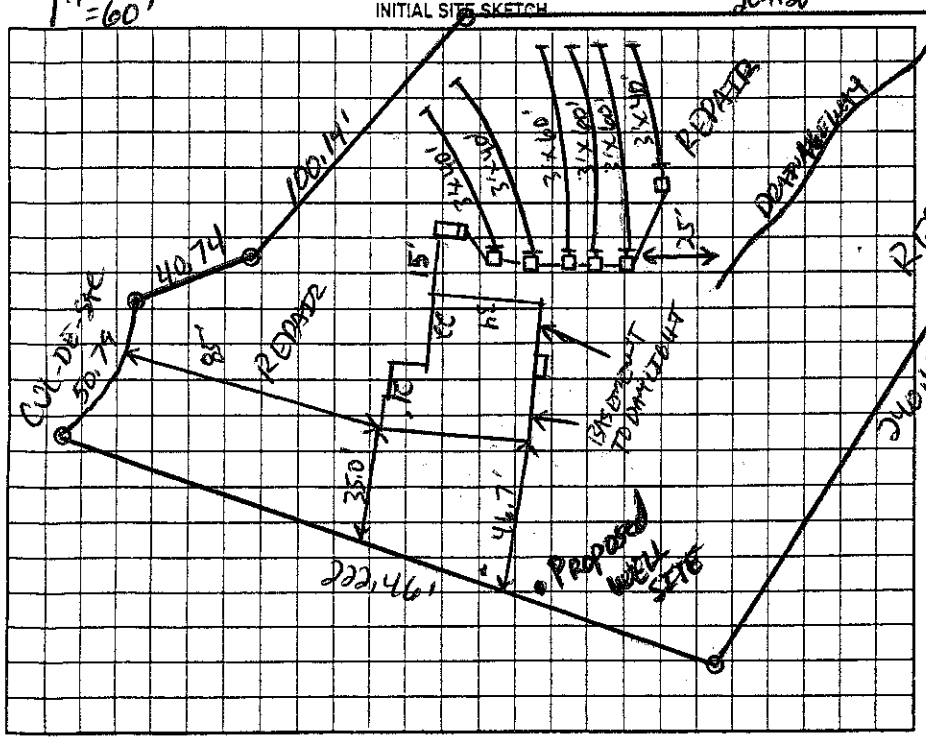
Comments/Conditions: (1) Keep Drain lines & TANK 15' OFF BASEMENT DRAIN (2) Keep Supply & Drop Boxes 10' OFF BASEMENT (3) INSTALL LEVES ON CONTOURS (4) MAINTAIN SETBACKS

Comments/Conditions: NOTE MAXIMUM TRENCH BOTTOM DEPTH

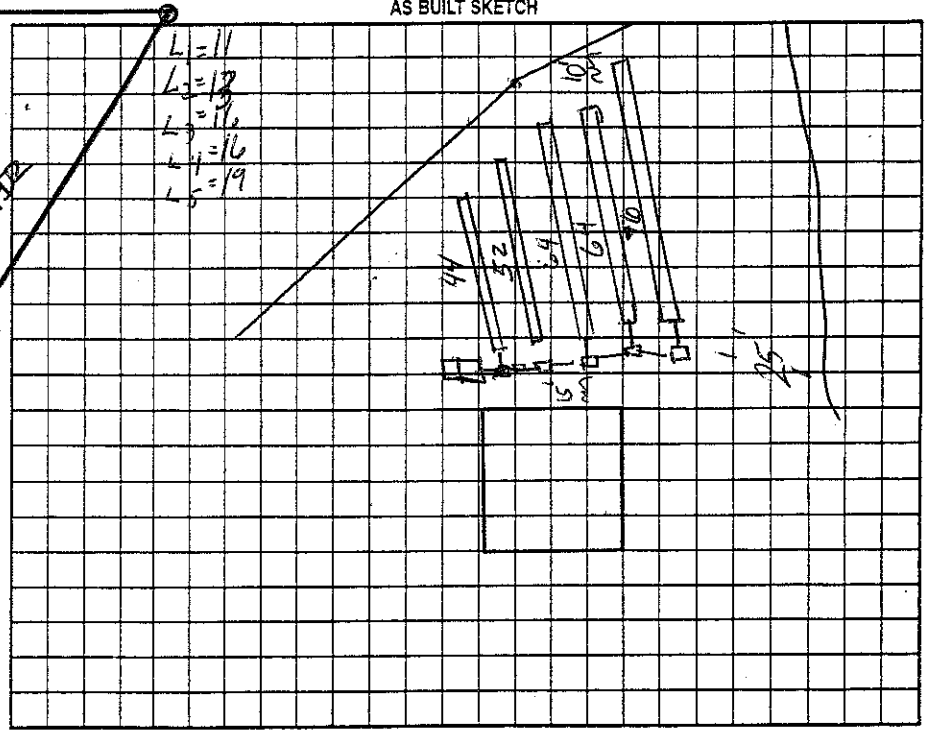
Blue Tuftite filter Riser on Outlet end of tank

1"=60'

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 8/17/06 Installed by: Rowan Septic

Improvement Permit by: ____ date 8/17/06 Operation Permit by: ____ date 12-6-06

Authorization to Construct by: ____ date 8-17-06 Existing System Inspection by: ____ date ____

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