# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130,00 Pg 9 MOORESVILLE 704-664-5281

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

PERMIT# 114578 PIN# 4730-05-~~7026.2~~ 6317 DATE Sept 2, 04.

OWNER OR CONTRACTOR Touchstone Development PHONE: Business _____ Home _____

ADDRESS 105 Wildwood Cove Dr, Mooresville, NC 28117

LOCATION State Park Rd. TR Hicks Creek Rd. TL Leah Lane 2nd lot on Right

SUBDIVISION Saratus Creek BLOCK / SECTION _____ LOT 2 LOT AREA .74Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 325 Date 5-1-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 3" centered Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity/LPP 88BPS.

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other _____

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

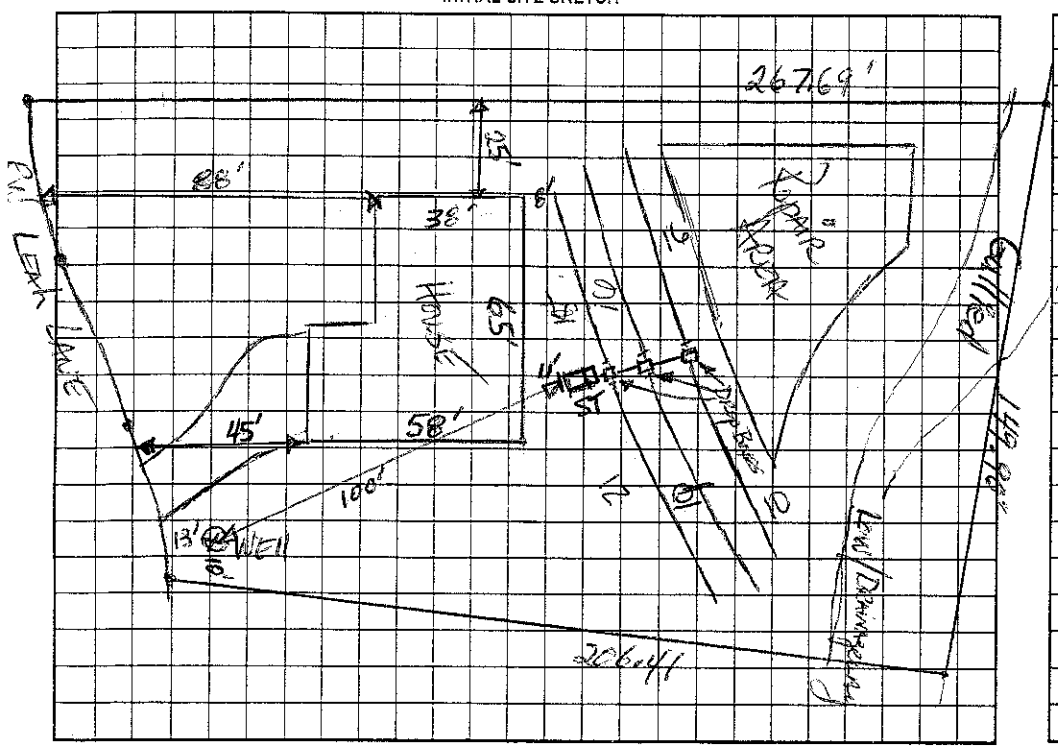
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

Blue Filter

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 12/22/04 Installed by: Rowan Septic

Improvement Permit by: _____ date 9-2-04 Operation Permit by: _____ date 6-18-07

Authorization to Construct by: _____ date 9-2-04 Existing System Inspection by: _____ date _____

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