IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 Called In 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 11468 PIN# 4730-05-7028.10 9401 DATE Nov 12, 04

OWNER OR CONTRACTOR Townstone Dev. // Russ Graham Bldrs. PHONE: Business _____ Home _____

ADDRESS 105 Wildwood Cove DR, Mooresville, N.C. 28117

LOCATION Peth RD N. to State Park Rd TR Hicks Creek Rd. TL Leah Lane 1st Lot on left

SUBDIVISION Sparks Creek BLOCK / SECTION _____ LOT 10 LOT AREA .72 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 825 Date 11-3-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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 _____

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

System Description: Gravity 25% Reduction

Repair System Description: Elev. 25% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

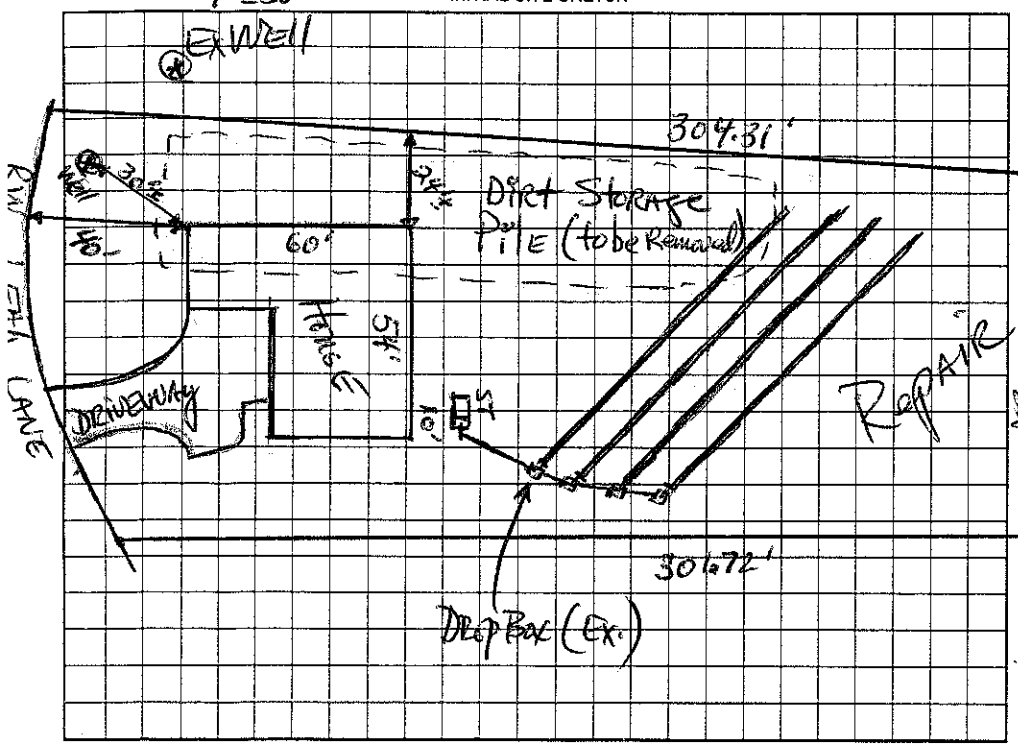
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

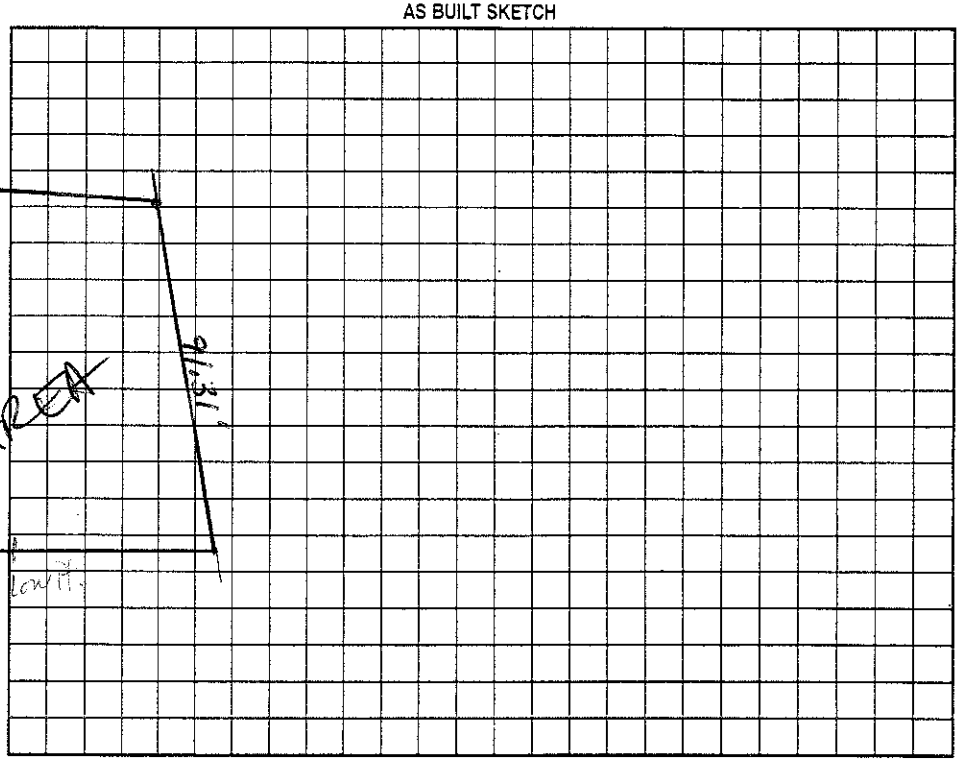
Comments:/Conditions:

Blue Tuff-tite filter tank w/o risers

1"=50' 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 11-12-04 Operation Permit by: _____ date 1-19-05

Authorization to Construct by: _____ date 11-12-04 Existing System Inspection by: _____ date _____

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