ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

CW BLDR-2022-11943

PERMIT # 2023-13687

PIN # 4730 --45 -- 7392

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

APPLICANT/OWNER: Red Hot Spas Inc

APPLICANT ADDRESS: 1801 Tower Industrial Dr, Monroe, NC 28110

SITE ADDRESS: 183 Twin Creeks Dr, Troutman, NC 28166

PHONE: (704) 684-1203

ALT. PHONE –

SITE DIRECTIONS: (R) Wegner St, (R) State Park, (L) Twin Creeks

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Twin Creek Estates

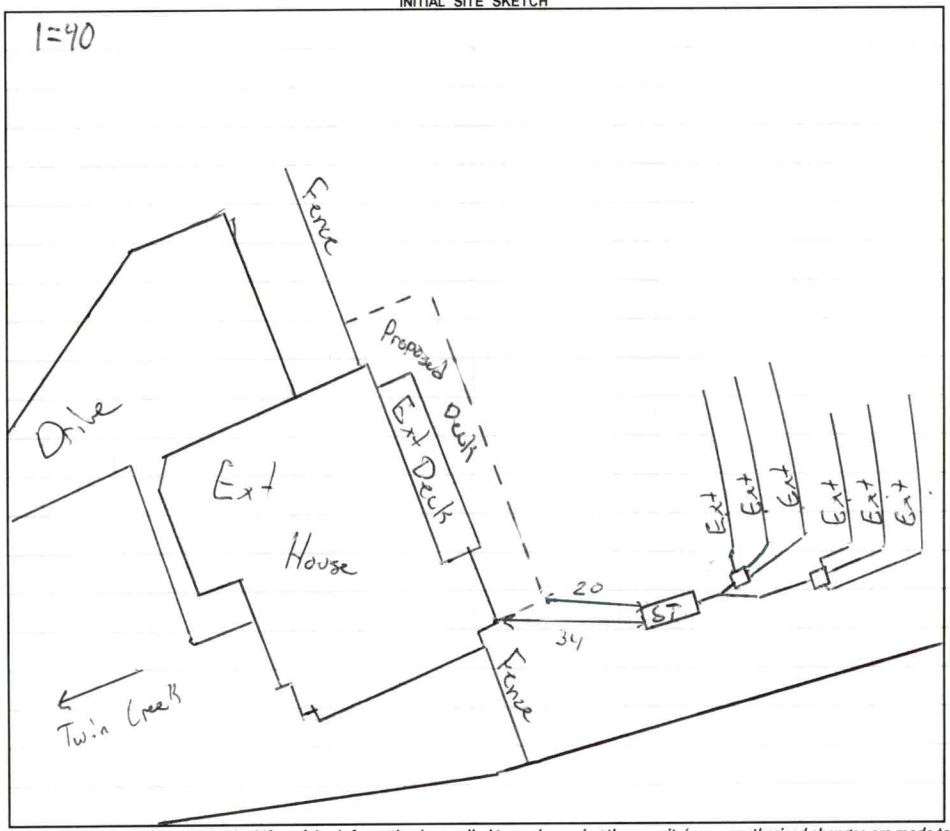
SECTION: – LOT # 93 LOT AREA: 2.7

DESIGN FLOW: Ext L.T.A.R.: Ext

Septic Tank	Ext	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Existing System –			☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees		☑ Public
# Nitrification Fields	Ext	# Lines	Ext	Linear Ft Ext	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	Ext	Trench Bottom Depth(Low side)	Ext	Gravel Depth N/A		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Keep deck 5ft off of existing system. System appeared to be working at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Matt Wi Date: 3/20/23

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



IREDELL COUNTY, NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 02/24/2023
Data updated 02/24/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134351 PIN# 4730457392 DATE 5-14-07

OWNER OR APPLICANT Summerwood Homes PHONE: Business 704 799-8085 Home

ADDRESS 173 WEST MAGNOLIA RD MOORESVILLE NC 28117

LOCATION 21 SOUTH (1) State Rte 150 (2) TWIN CREEKS AT END IN W/L OF CUL-DE-SAC

SUBDIVISION TWIN CREEKS (3) BLOCK / SECTION II LOT 53 LOT AREA 2.74 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 10-23-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet 1600 Linear Feet 270'
No. Lines 6x45 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: GRAV 50% REDUCTION
Repair System Description: LD 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees

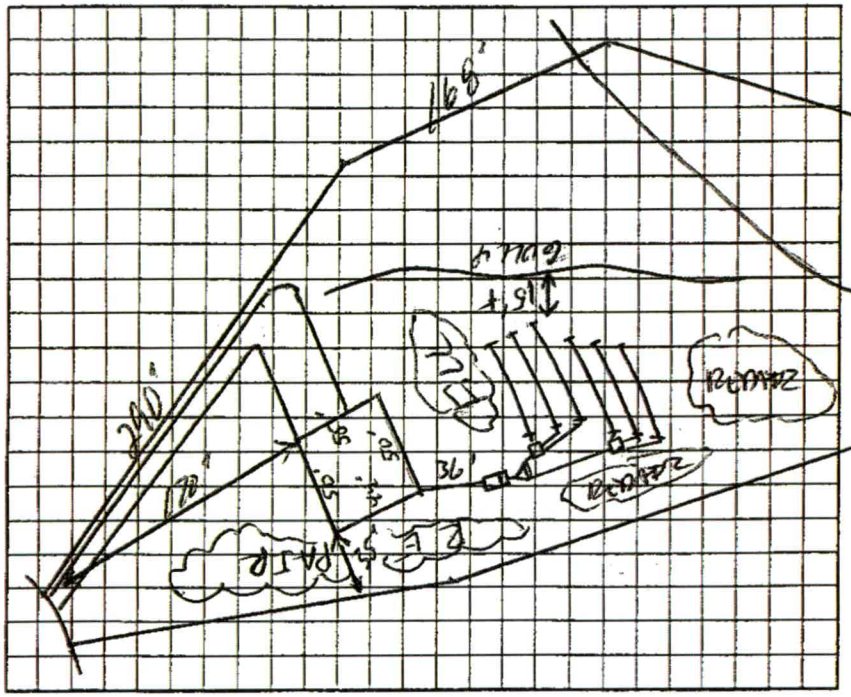
Water Supply: ☐ Individual ☒ Public ☐ Community

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

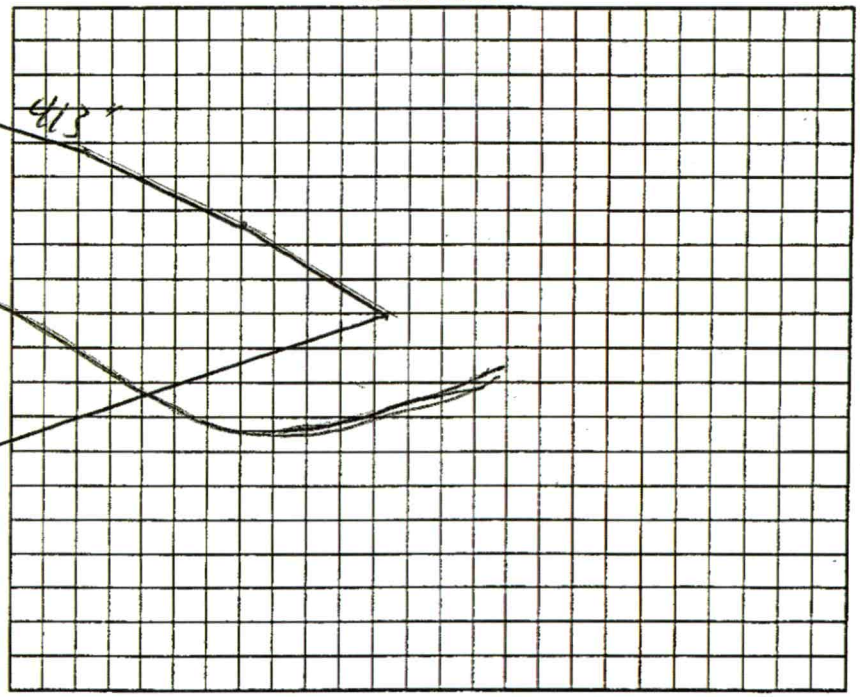
Comments/Conditions: (1) INSTALL 2 FLOW DIVIDER TEES) DIST. BOX'S WITH SPEED LEVELERS (2) HOUSE BUILT AT TIME OF DESIGN

Comments/Conditions: TUFF TITE FILTER FABRIC

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 5-21-07 Installed by: date

Improvement Permit by: date 5-14-07 Operation Permit by: date 5-31-07

Authorization to Construct by: date 5-14-07 Existing System Inspection by: date

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