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 Rd 80 (2) TWIN CREEKS AT END IN WI-DE-CAL

SUBDIVISION TWIN CREEKS EST BLOCK / SECTION I LOT 53 LOT AREA .37A SITE CLASS. P5 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 10x45 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 10 PAN 50% REDUCTION
Repair System Description: 10 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☐ No

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

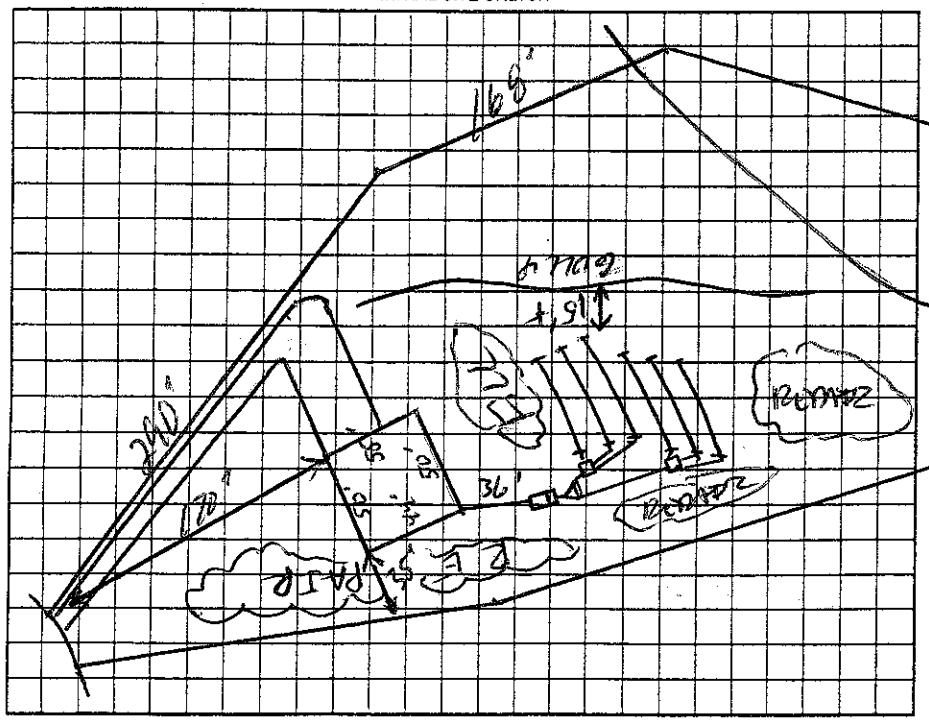
Water Supply: ☐ Individual ☒ Public ☐ Community

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

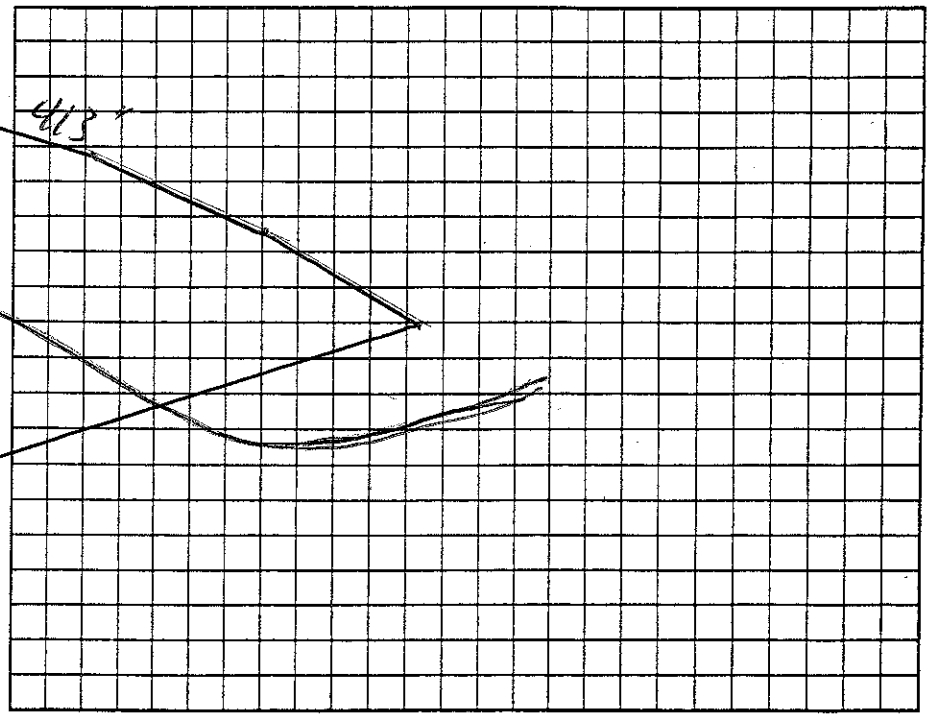
Comments/Conditions: (1) INSTALL 2 FLOW DIVIDER TEES 2 DIST. BOX'S WITH SPEED LEVELERS (2) HOUSE BUILT AT TIME OF DESIGN

Comments/Conditions: TURF TITE FILL & GRADE

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: _____

Improvement Permit by: _____ date 5-14-07 Operation Permit by: _____ date 5-21-07

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