IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13593 PIN# 4770476209 DATE 6-26-06

OWNER OR APPLICANT S & L Homes PHONE: Business 704/662-8467 Home

ADDRESS 110 Chandler Dr Suite 108 Mooresville NC 28117

LOCATION State park RD TC 1st Twp curb Lot on Left RS

SUBDIVISION Twin Creeks BLOCK / SECTION H LOT 24 LOT AREA .87 SITE CLASS RS DESIGN FLOW 480 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB 1007 Date 1-3-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 1980 Linear Feet 480
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NH

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 2540 Graywater
Repair System Description: Lot 20 Pond
Maintenance Agreement Required: ☐ Yes ☐ No
☑ Gravity ☐ Pressure

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

Water Supply: ☐ Individual ☐ Public ☐ Community

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

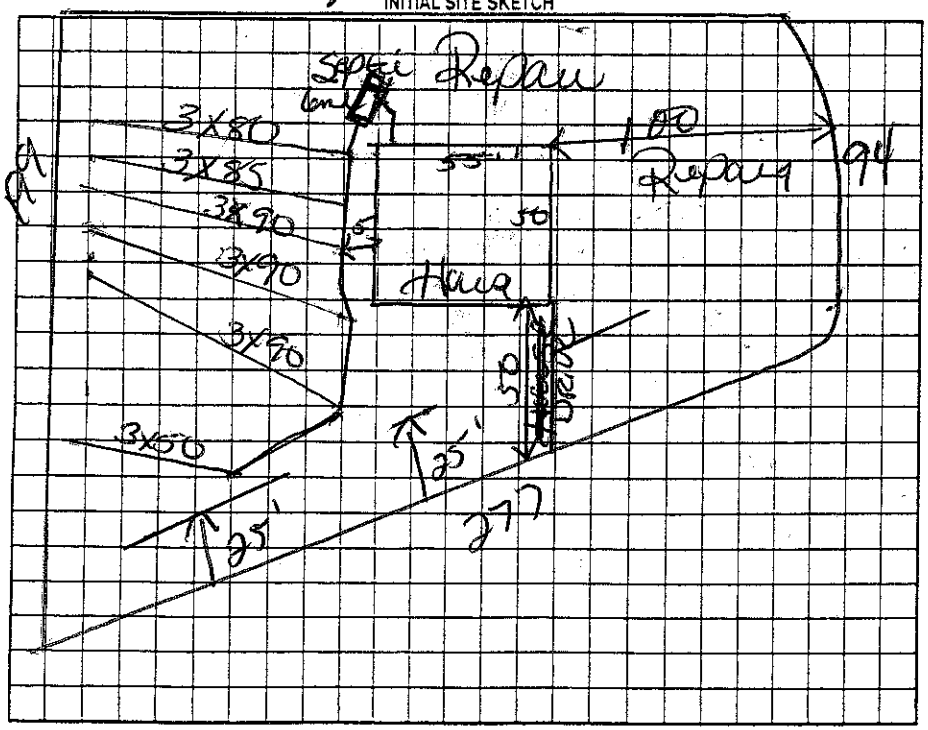
Comments:/Conditions:

Install on Contour
Maintain all setback
30'

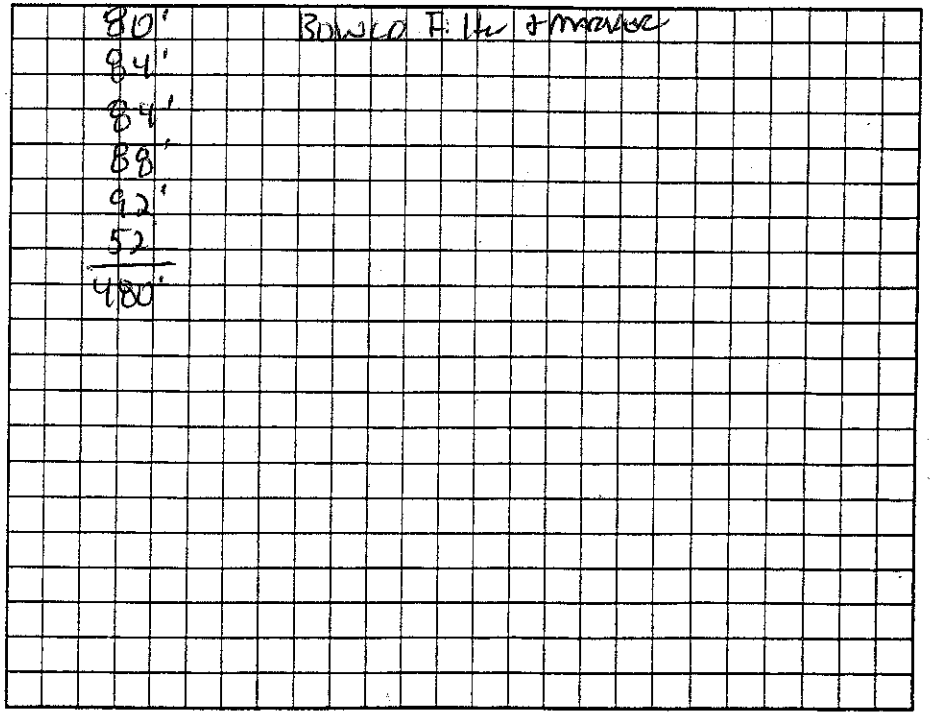
Comments:/Conditions:

Use infiltrators end caps as serial distribution

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: Mark Gray date ____ Installed by: Wayne Clontz

Improvement Permit by: [signature] date 6-26-06 Operation Permit by: [signature] date 4-5-07

Authorization to Construct by: [signature] date 6-26-06 Existing System Inspection by: ____ date ____

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