IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144279 PIN# 4730467040 DATE 8-23-07

OWNER OR APPLICANT RYON WEST DULEAS PHONE: Business 704 621-3012 Home 704-361-1085 Wayne Clontz

ADDRESS 215 Crystal Circle Mooresville NC 28115

LOCATION State PARK (C) Twin Creek (D) Winding Creek or Rt PAST LORVE

SUBDIVISION Twin Creeks BLOCK / SECTION 2 LOT 48 LOT AREA 160x160 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 1007 Date 10/19/07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 60-1600' Linear Feet 400'

No Lines 3x133' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: GRAVITY 2500 GAL

Repair System Description: LP 500 GAL REQUI

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (D) Grade Out OLD FIELD TERRACE IN BACK YARD (E) Line of House FLAGGED OUT Completely (B) MINIMUM SETBACKS

Comments:/Conditions: Brown Filter

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORVE COOK, PE'S

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 8/27/07

Improvement Permit by: _____ date 8/23/07

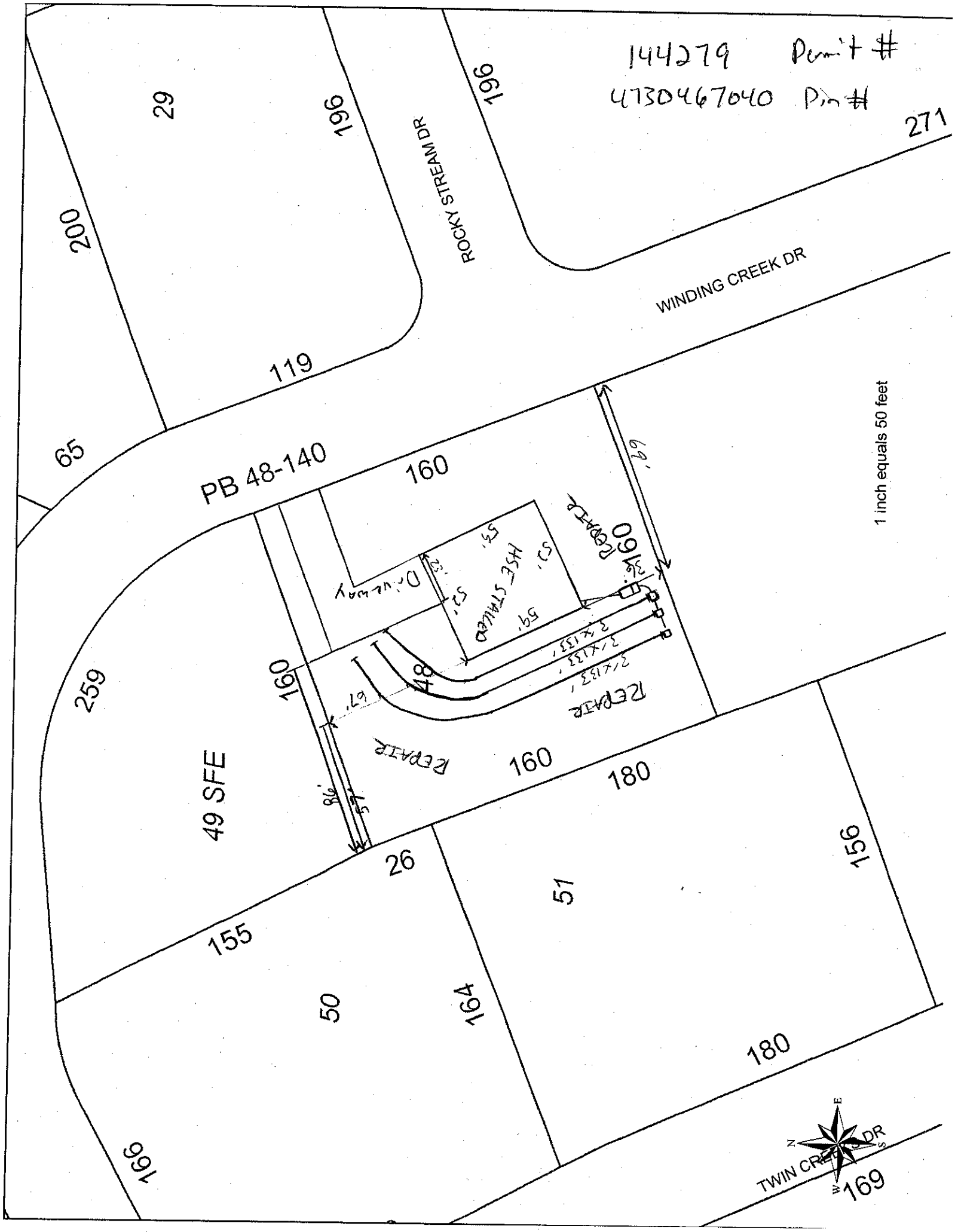
Authorization to Construct by: _____ date 8/30/07

Installed by: Wayne Clontz

Operation Permit by: _____ date 1/8/08

Existing System Inspection by: _____ date _____

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


144279 Permit #
4730467040 Pin #
29
196
196
271
200
ROCKY STREAM DR
WINDING CREEK DR
119
65
PB 48-140
160
67'
1 inch equals 50 feet
259
160
49 SFE
160
180
156
26
51
155
50
164
180
169
169
TWIN CREEK DR