IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) MOORESVILLE 704-664-5281

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

PERMIT# 13131 PIN# 4730469227 DATE 5-23-06

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

ADDRESS 175 West Morgan Rd Mooresville NC 28117

LOCATION State Park Rd Twin Creek (L) Wiggins Creek Lot on left 5th

SUBDIVISION Twin Creek BLOCK / SECTION 2 LOT [redacted] LOT AREA .62 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons: ST 1000 Date 5-23-06

Pump Tank: 1000 Gallons: PT 17 Date 7-7-06

Pump Make: _____ Model Goulds Serial No. W0047211

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 200

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36 Gravel Depth _____

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

System Description: Ultra. Panel

Repair System Description: Low Pro. Panel

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

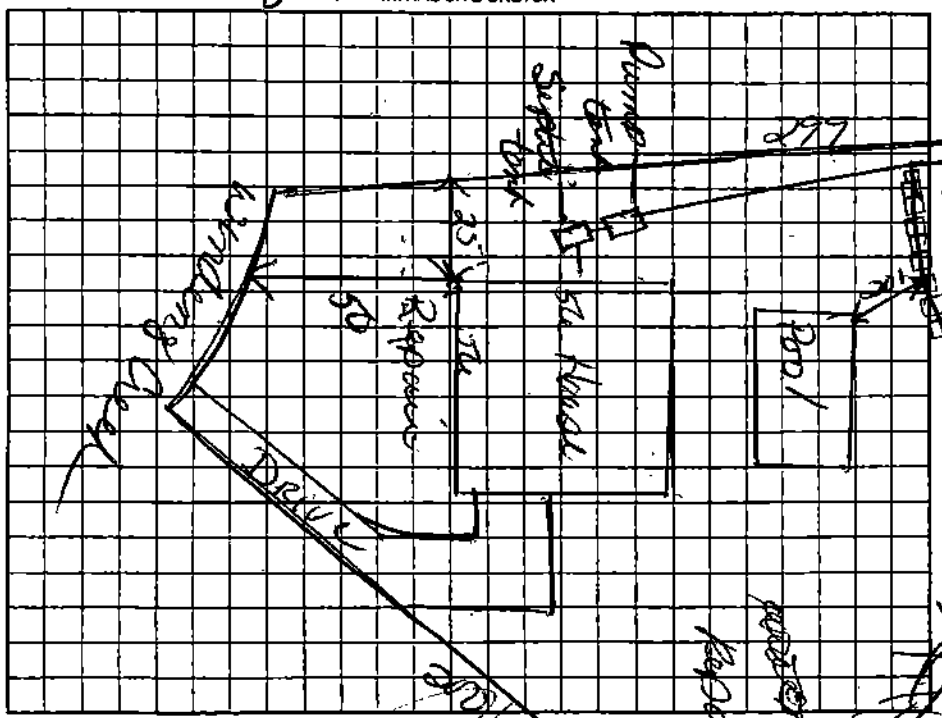
Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Maintain all setbacks
Install on Contour
15' away from pool

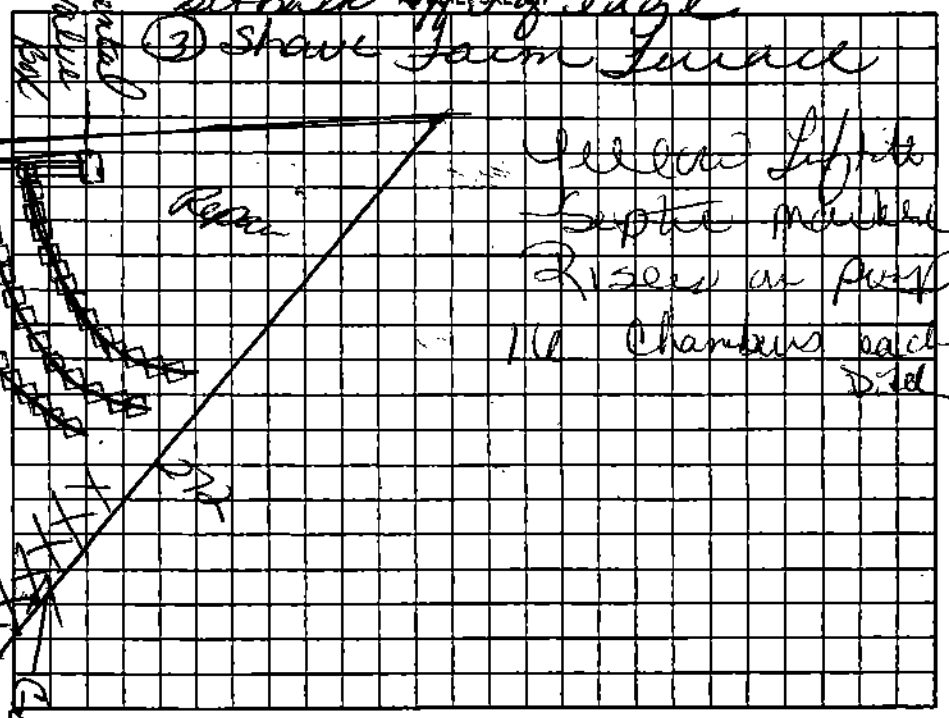
INITIAL SITE SKETCH



Comments/Conditions:

3 @ 70' = Central Valve Box
② Fill in Gully - maintain 5' setback from edge
③ Shave Farm Fence
Verify Lights
Septic Marker
Risers on Pump
10 Chambers each Trench

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 5/24/06 Installed by: Steve Jordan

Improvement Permit by: Kelly Cook date 5-23-06 Operation Permit by: Kelly Cook date 3-7-07

Authorization to Construct by: Kelly Cook date 5-23-06 Existing System Inspection by: _____ date _____

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