# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139876 PIN# 4730 542698 96 DATE 4-19-07

OWNER OR APPLICANT PMA INVESTMENTS PHONE: Business 704-658-5514 Home 704-622-1881

ADDRESS PO BOX 4641 MOORESVILLE NC 28117

LOCATION State Park RD (L) TWIN CREEKS (R) WOODS CREEK AT END ACROSS BLUE STREAM WAY

SUBDIVISION TWIN CREEKS BLOCK / SECTION 2 LOT 40 LOT AREA .7 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .26

Septic Tank: 1000 Gallons; STB 325 Date 6-21-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1920' Linear Feet 480'
No Lines 4/SPLIT Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY 25% REDUCT
Repair System Description: LP SD-1 REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

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

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions: (1) INSTALL LINES on Contours (2) MAINTAIN SETBACKS

Comments:/Conditions: Blue Line

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LOWE COOK, R.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 _____ Installed by: Rowan Septic

Improvement Permit by: _____ date 4-19-07 Operation Permit by: _____ date 8-8-07

Authorization to Construct by: _____ R.S. date 5/23/07 Existing System Inspection by: _____ date _____

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

PERMIT

Permit # 139876

Pin # 4730542698

1106/1225

ZONED: R20

