CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134732 PIN# ~~4730446822~~ 552381 DATE 6-5-06

OWNER OR APPLICANT Summerwood Homes PHONE: Business 704-746-8235 Home 704-799-8055

ADDRESS 173 W. Marazte Rd Mooresville NC

LOCATION State Park RD (L) Twin Creek (R) Winding Creek property on left

SUBDIVISION Twincreeks BLOCK / SECTION II LOT 34 LOT AREA .59 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB TP 1012 1000 Date 9-12-06

Pump Tank: 1000 Gallons; PT 17-1000 Date 11-15-06

Pump Make: Goulds Model WE0312 Serial No 3083803

Nitrification Field; No Fields ____ Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☑ Pressure

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

System Description: 25% Pump PPL

Repair System Description: Low Pres. Panel

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

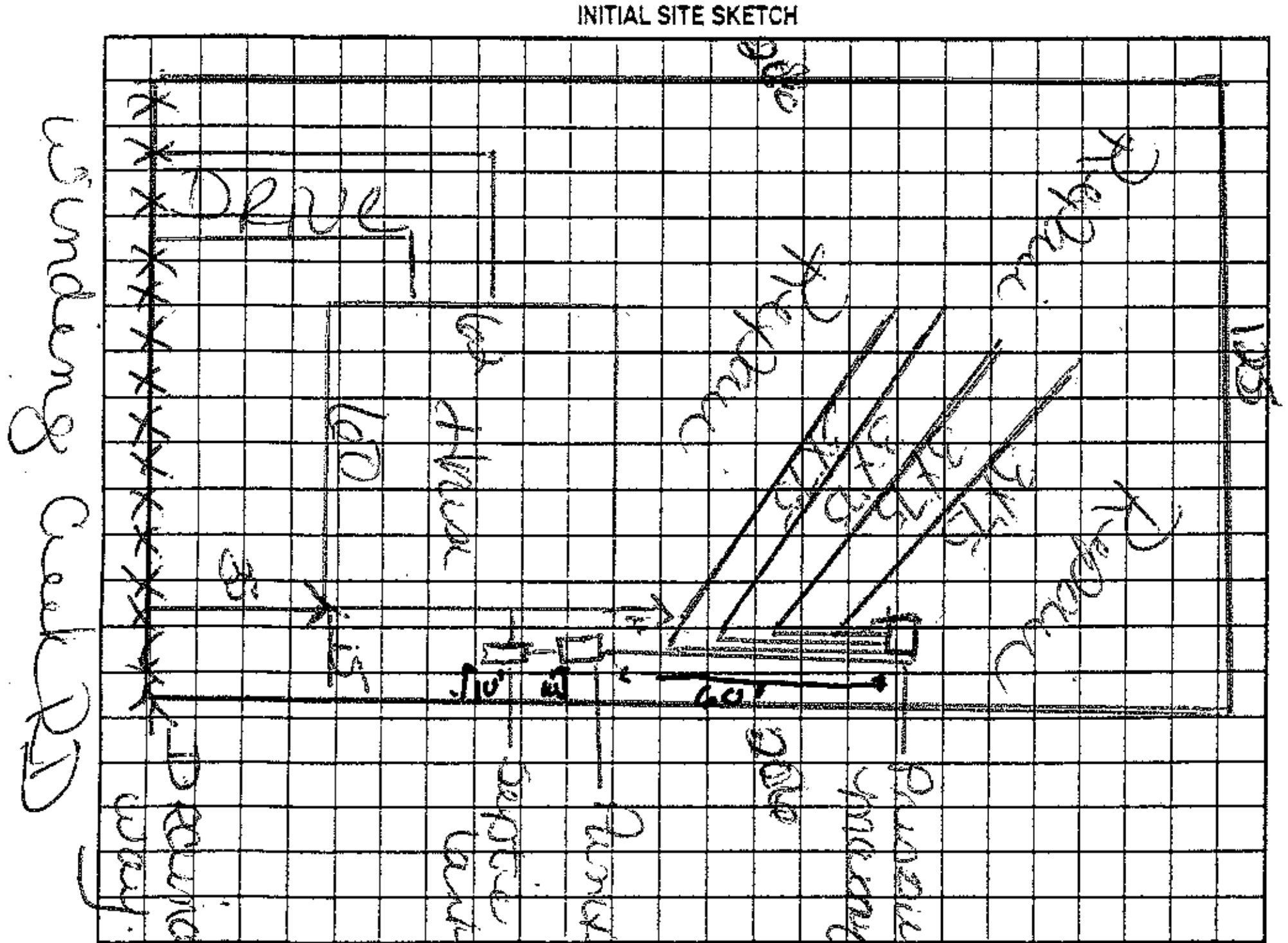
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Install on contour. Maintain all setbacks

Comments:/Conditions: SCOURER SIDES of TRENCH WALLS. Filter installed yellow [illegible]. 19 panels each panel) Septic tank [illegible]

INITIAL SITE SKETCH



AS BUILT SKETCH

(P) Nitrification field installed as drawn. TCH

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: [signature] date ____

Improvement Permit by: [signature] date 6-5-06

Authorization to Construct by: [signature] date 11-5-06

Installed by: Steve Jordan

Operation Permit by: [signature] date 3 May 07

Existing System Inspection by: ____ date ____

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