THIS PERMIT REPLACES PERMIT ISSUED 5-10-05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127386 PIN# 4757-56-0551 DATE 12-15-05

OWNER OR CONTRACTOR Cool Springs Builders, Inc. PHONE: Business 336-399-5943 Home 704-883-0839

ADDRESS 345 Old Mocksville Rd, Statesville, NC 28625

LOCATION US 21 North, TL Maple Creek Drive, 1st Lot on left at box # 185

SUBDIVISION Maple Creek BLOCK / SECTION 2 LOT 43 LOT AREA 1.031 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 7012 Date 8-17-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional Gravity
Repair System Description: 50% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☒ No

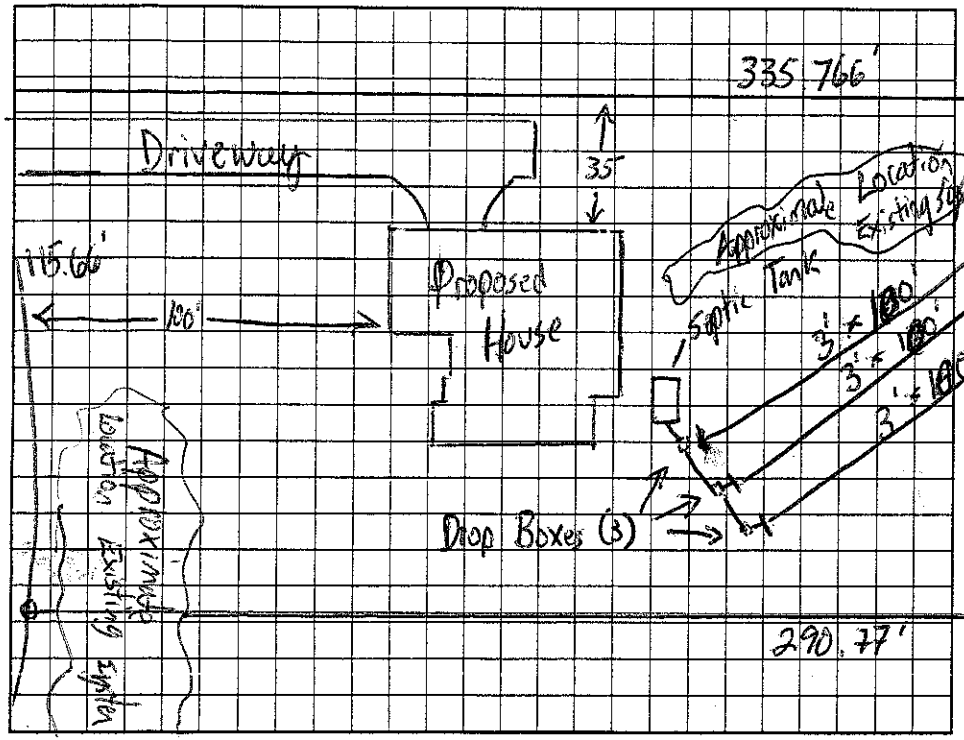
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

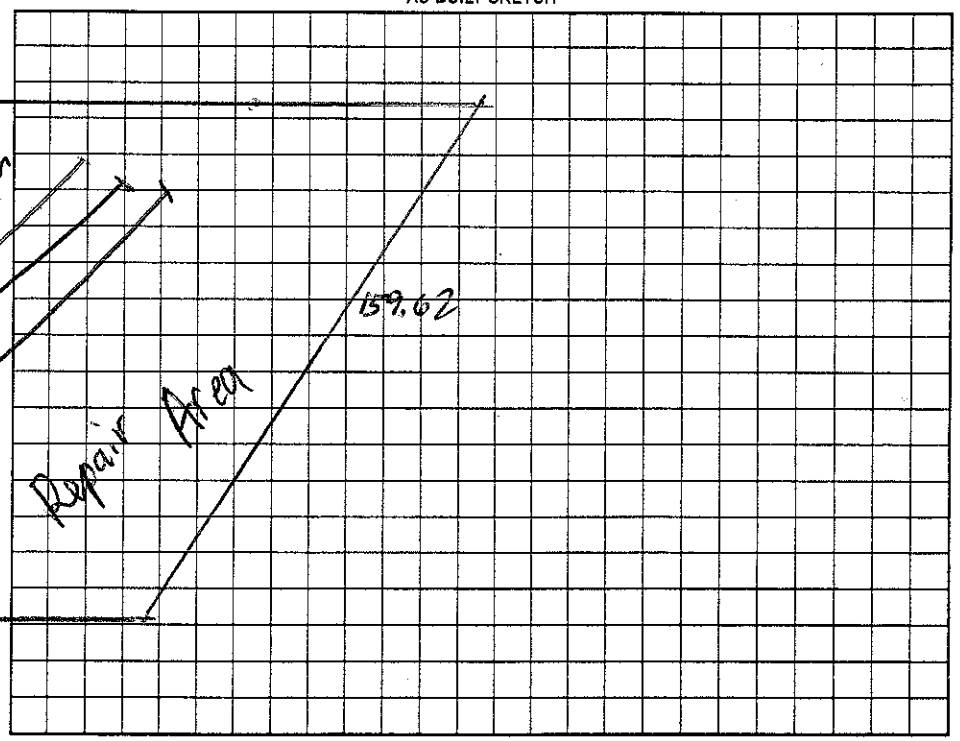
Comments:/Conditions:
25% Reduction system also acceptable

Comments:/Conditions:
Septic tank & risers installed
Yellow Duff Lid

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: _____ date 12-15-05 Installed by: Steve Jordan

Improvement Permit by: _____ date 12-15-05 Operation Permit by: _____ date 2-1-07

Authorization to Construct by: _____ date 12-15-05 Existing System Inspection by: _____ date _____

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