4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139 184 PIN# 4776 16 7336 DATE 27 June 07

OWNER OR APPLICANT Spear Builders INC PHONE: Business _____ Home _____

ADDRESS 70 Allendale Circle Statesman NC 28677

LOCATION 621 E C Shaw RD (R) Shaw Crossing at end of Cul-de-Sac .25

SUBDIVISION Swan Crossing BLOCK / SECTION 3 LOT 23 LOT AREA .995 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 3 Repair

Septic Tank: 1000 Gallons; STB 994 Date 8-6-08
Pump Tank: 1000 Gallons; PT 27 Date _____
Pump Make: _____ Model ME3051 Serial No. _____
Nitrification Field: No Fields ___ Square Feet 120 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 2510 pump
Repair System Description: 5010 Low Pro
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

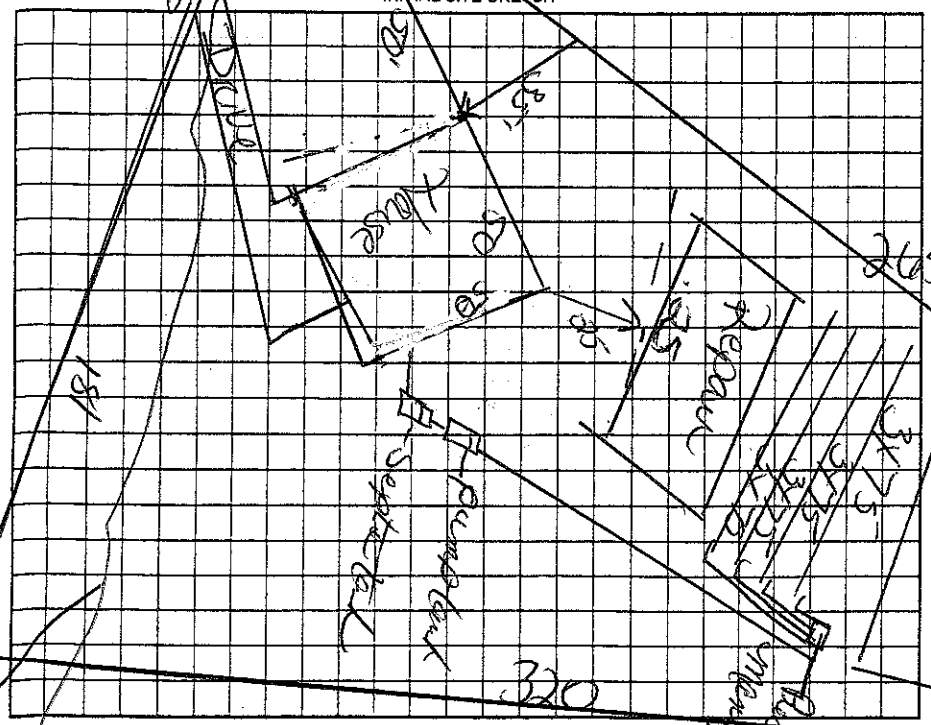
Comments:/Conditions:

Swisson Grade

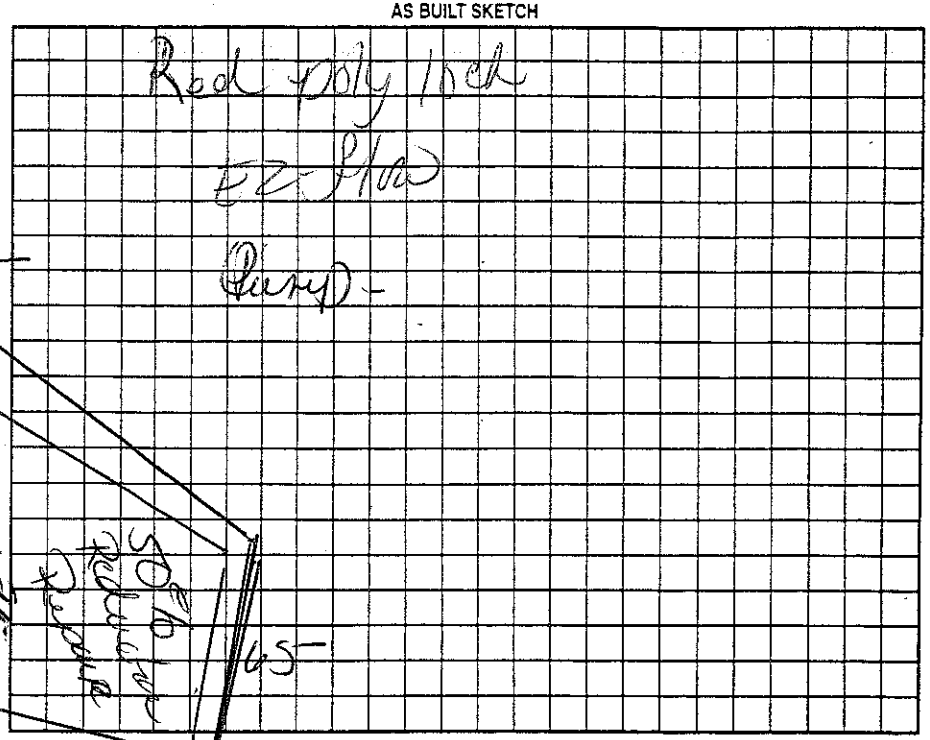
Comments:/Conditions:

Install on contour
Maintain all setbacks

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 7-18-07 Installed by: T.D. Lowing

Improvement Permit by: _____ date 27 June Operation Permit by: _____ date 11-6-08

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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