11:30

IREDELL COUNTY HEALTH DEPARTMENT @ STATESVILLE 704-878-5305 @ MOORESVILLE 704-664-5281

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

PERMIT# 139785 PIN# 4776461859 DATE 27 June 11

OWNER OR APPLICANT Spear Builders Inc PHONE: Business _____ Home 704-202-4004

ADDRESS 112 Abbeydale Circle Statesville NC 28677

LOCATION Left on 90 Swan Rd to Swan Crossing

SUBDIVISION Swan Crossing BLOCK / SECTION _____ LOT 27 LOT AREA .745 SITE CLASS 25 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 3-23-11

Pump Tank: 1000 Gallons; PT 383 Date 3-21-11

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1000 Linear Feet 240

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 500 gal Pump

Repair System Description: 500 gal Pump

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

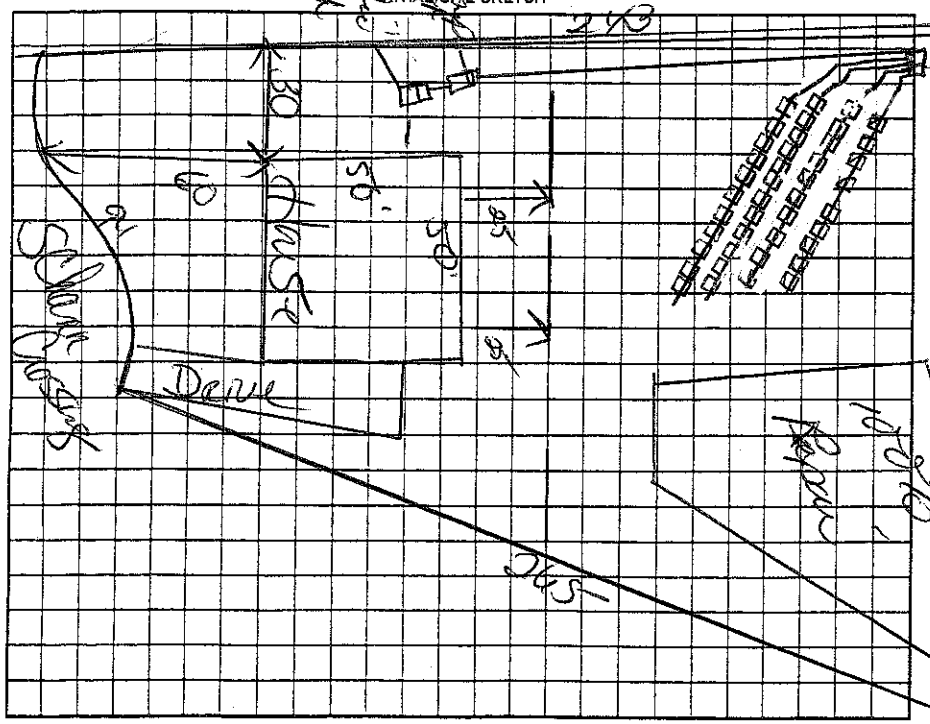
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

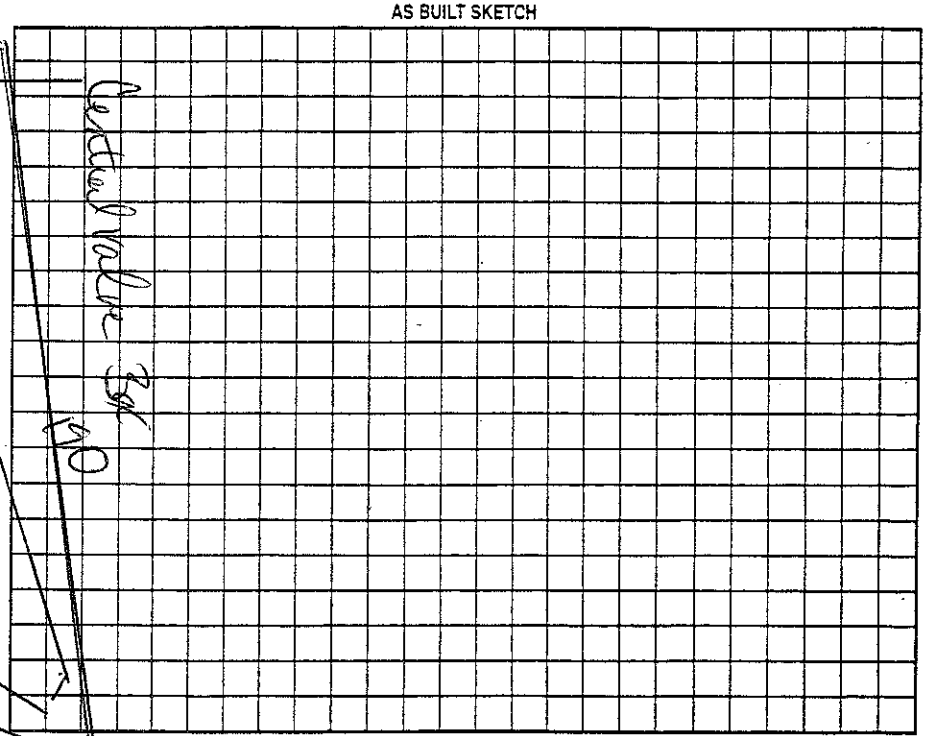
Comments:/Conditions:

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 2-18-07 Installed by: Richard Moss

Improvement Permit by: _____ date 27 June 11 Operation Permit by: _____ date 10-11-11

Authorization to Construct by: _____ date 6-7-2011 Existing System Inspection by: _____ date _____

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