(2) (CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139749 PIN# 4776-71-3875 DATE 1-6-07

OWNER OR APPLICANT SPEAR BUILDERS INC PHONE: Business 704-202-4964 Home 704-264-5081 FRANK STEEL

ADDRESS 120 SWANN CROSSING DR STATESVILLE NC 28625

LOCATION US 64 EAST TL SWANN ROAD, TL SWANN CROSSING DR, 3RD LOT ON RIGHT

SUBDIVISION SWANN CROSSING BLOCK / SECTION II LOT 8 LOT AREA 0.551 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 425 Date 1-22-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model EQ. TO 1200 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Min Trench Depth 24"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

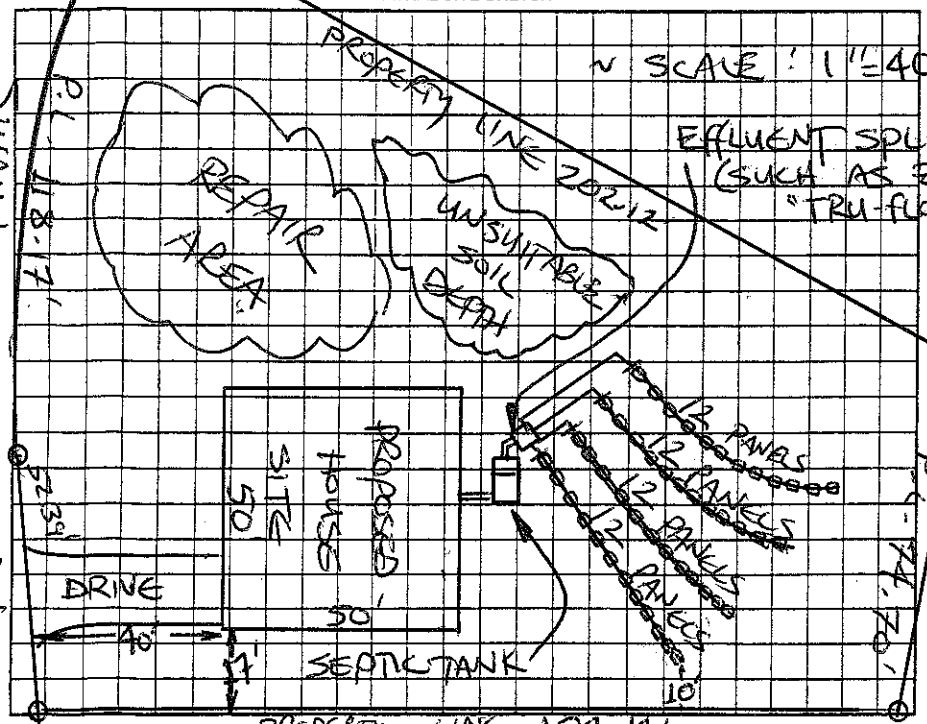
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 48 PPBPS PANELS ON CONTOUR AS SHOWN. ② USE ONE EFFLUENT SPLITTER TO ACHIEVE EQUAL DISTRIBUTION INTO EACH LINE.

Comments/Conditions: Blue Tuf-Tite

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 1/8/07

Improvement Permit by: STEVE HEDRICK date 1-6-07

Authorization to Construct by: STEVE HEDRICK date 3-21-07

Installed by: ROWAN SEPTIC

Operation Permit by: ____ date 6-13-07

Existing System Inspection by: ____ date ____

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