IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118516 PIN# 4648-32-8497.13 4648-32-6492 DATE March 8, 2004

OWNER OR CONTRACTOR Iredell Three LLC / Kolter Homes PHONE: Business _____ Home _____

ADDRESS 6000 Old Pineville Rd, Charlotte N.C. 28217

LOCATION 150 WEST TR Bluefield TL Big Indian Loop TL Cedar Woods Dr. on Right before end

SUBDIVISION Cedar Woods BLOCK / SECTION _____ LOT 13 LOT AREA .66ac SITE CLASS. PS I DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 312 Date 6/28/04

Pump Tank: 1000 Gallons; PT 293 Date 6/28/04

Pump Make: Gould's Model Ipes-312 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240

No Lines 4 Trench Width 24" 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI

System Description: LPP/GBPS

Repair System Description: LPP/GBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

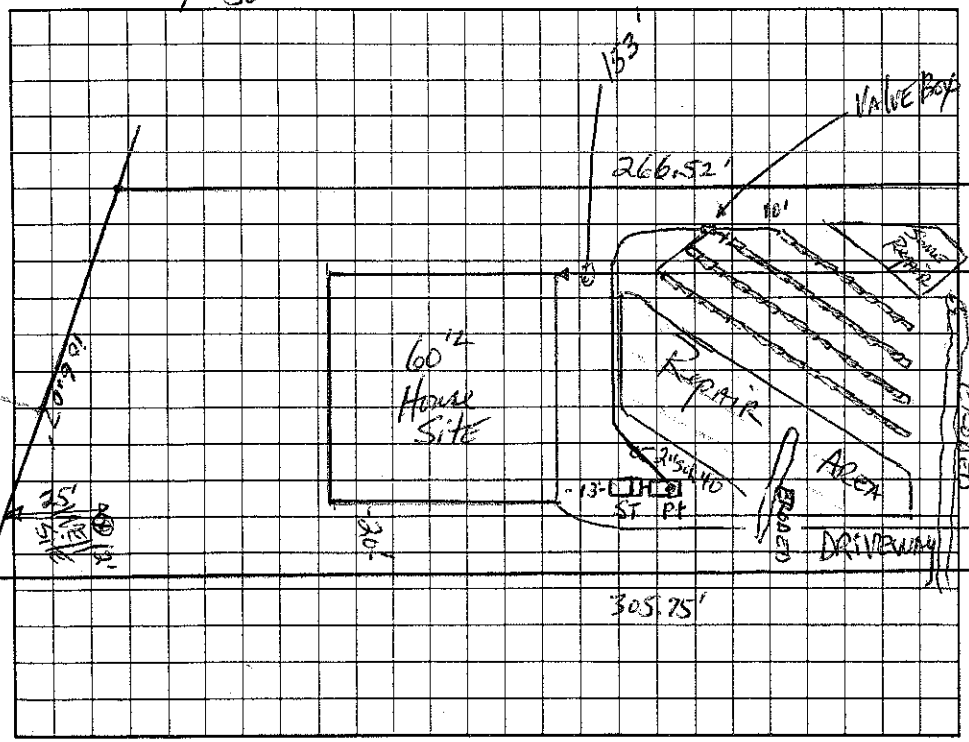
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 52, 63, 63, 63

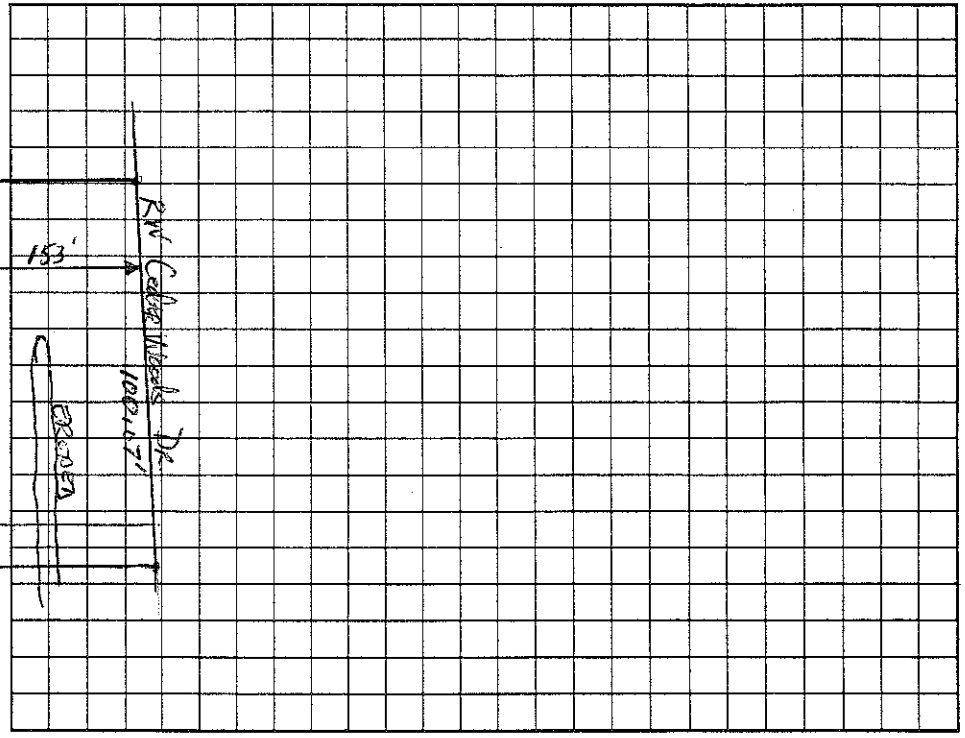
"Properly fill" eroded Areas

Comments:/Conditions:

1"=50' 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 3/17/04 Installed by: _____

Improvement Permit by: _____ date 3-8-04 Operation Permit by: Wesley Sparks RS. date 11/17/06

Authorization to Construct by: _____ RS date 3/22/04 Existing System Inspection by: _____ date _____

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