IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117947 PIN# 4648-32-8497.16 4648-32-6728 DATE March 9, 2004

OWNER OR CONTRACTOR Cradell Three LLC / MATT WINGATE PHONE: Business _____ Home _____

ADDRESS 6000 Old Statesville Rd. Charlotte N.C. 28217

LOCATION 150 West TR Blue Field Rd. TL Big Indian Loop TL Cedar Woods Dr. 2nd lot on Right

SUBDIVISION Cedar Woods BLOCK / SECTION _____ LOT 16 LOT AREA 1.60 ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5/18/04

Pump Tank: 1000 Gallons; PT 17 Date 6/20/04

Pump Make: Goulds Model WE0 511 HP Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 5 Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPP BPS

Repair System Description: LPP BPS

Maintenance Agreement Required: ☒ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: OR 36" MAX 9'oc

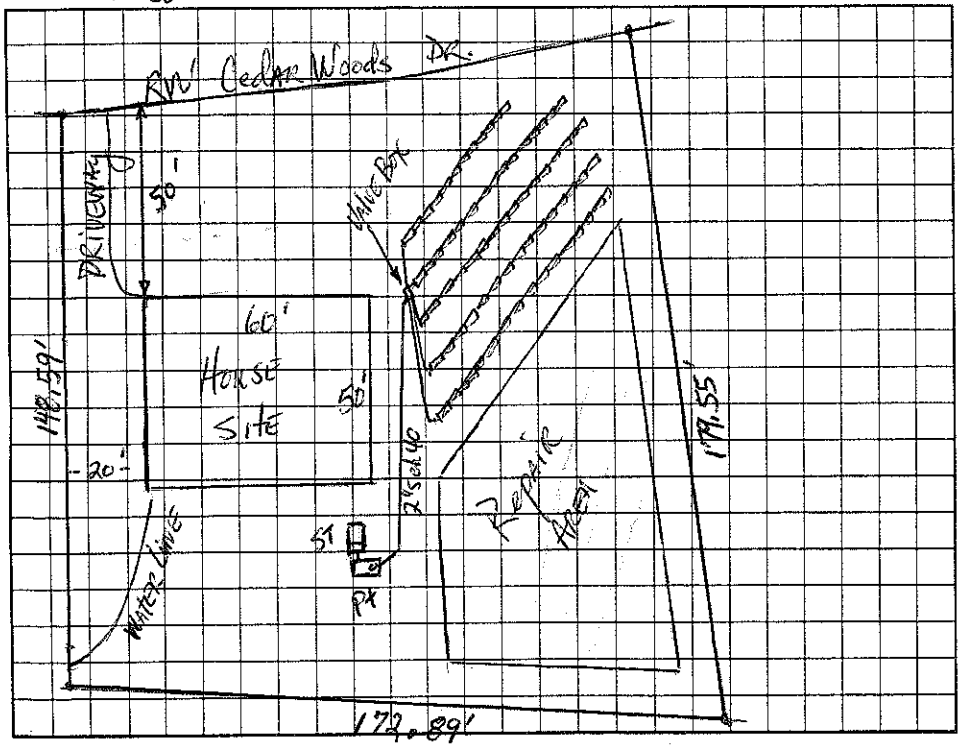
Well Location to be in off site EASEMENT at Northwest corner of Lot 17.

Remove any old burms in Repair Area

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 3/12/04 Installed by: G-S Grading

Improvement Permit by: _____ date 3-9-04 Operation Permit by: _____ RS date 1/11/05

Authorization to Construct by: _____ date 4/26/04 Existing System Inspection by: _____ date _____

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