IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117946 PIN# 4648-32-8497.017 4648-32-6915 DATE March 9, 2004

OWNER OR CONTRACTOR Iredell Three LLC by Ashley Goodman PHONE: Business _____ Home _____

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

LOCATION 1st West TR Bluebield TL Big Indian Loop TL Cedar Woods Dr. 1st Lot on Right

SUBDIVISION Cedar Woods BLOCK / SECTION _____ LOT 17 LOT AREA 1.66 Ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5/17/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 540/810 Linear Feet 270

No Lines 3+3 (45ea) Trench Width 24" min 36" Max Trench Bottom Depth 36"

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

System Description: Gravity PPBPS

Repair System Description: LPPEBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

Gravel Depth NA

☐ 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

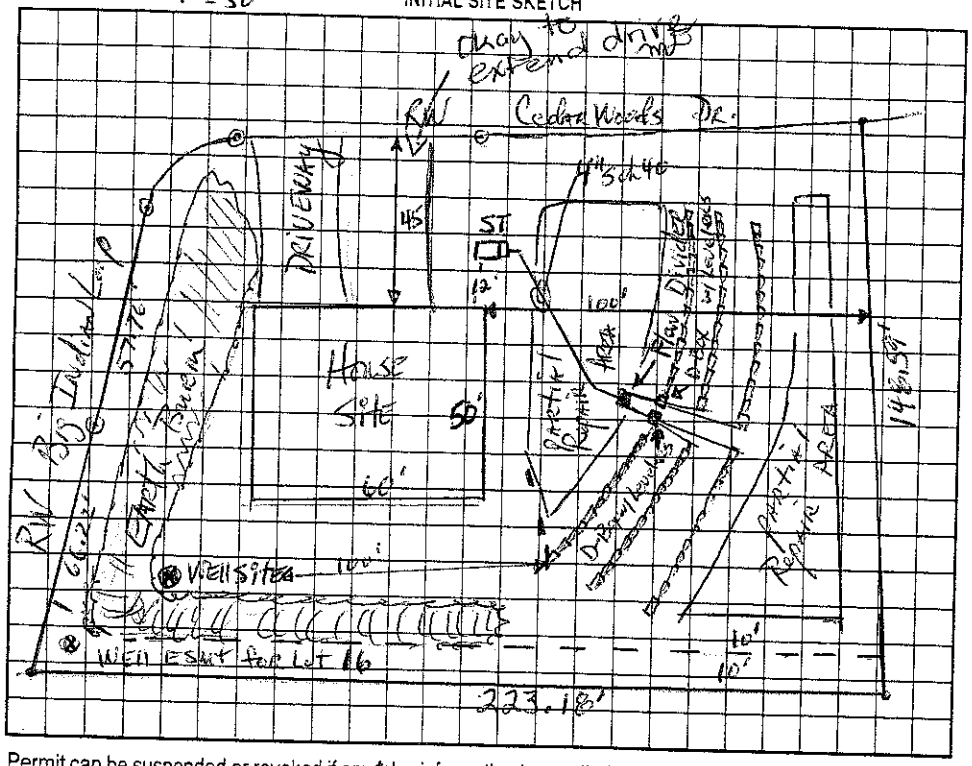
Comments:/Conditions: Or 36" min 96"

Renewed House plans; essentially in Compliance with original permit 5-20-04

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: C & S Grading

Improvement Permit by: _____ date 3-9-04 Operation Permit by: _____ RS date 11/16/04

Authorization to Construct by: _____ date 5/20/04 Existing System Inspection by: _____ date _____

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