IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11784 PIN# 4646-32-8497.2 4688-32-8841 DATE Feb 25, 2004

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

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

LOCATION ISW TR Bluefield Rd. TL BR Indian Loop TR Cedarwoods Dr. 3rd lot on left

SUBDIVISION Cedarwoods BLOCK / SECTION _____ LOT 2 LOT AREA .60 AC SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .25

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

Pump Tank: 1000 Gallons; PT 17 Date 12/23/04

Pump Make: Goulds Model WE0-511 HH Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 4@80' 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: LPPBPS

Repair System Description: LPPPBPS

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

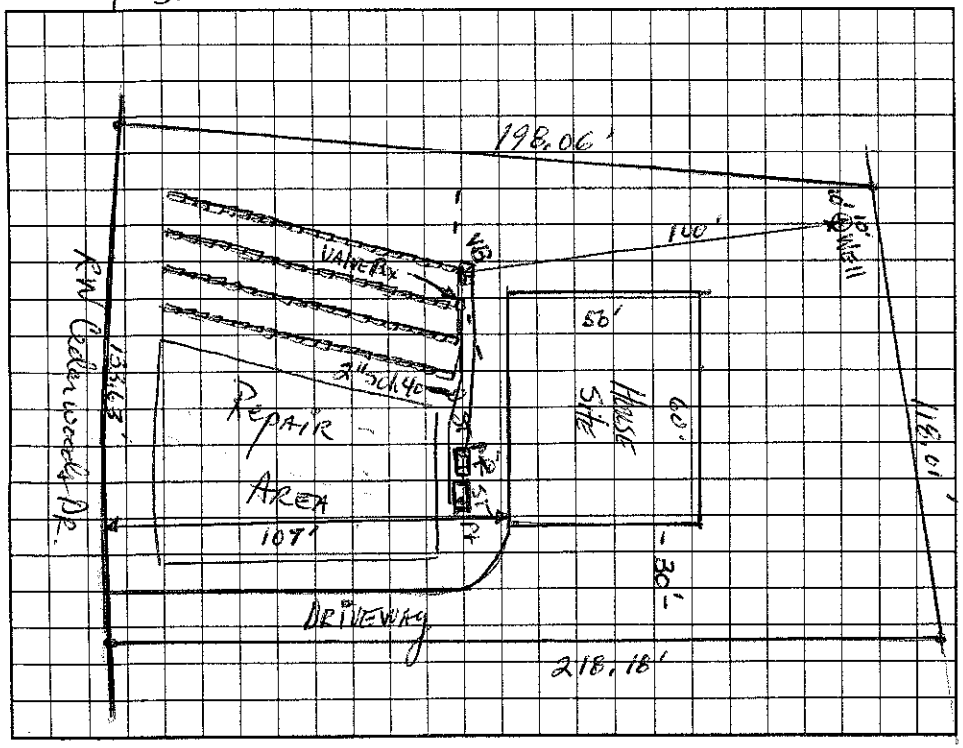
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

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 3/2/04 Installed by: C+S Grading

Improvement Permit by: _____ date 2-25-04 Operation Permit by: _____ RS date 5/25/05

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

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