IREDELL COUNTY HEALTH DEPARTMENT

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

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

375.00 Paid 1/600

PERMIT# 1/6515 PIN# 4648-32-8497.09 4648-32-9140 DATE March 10, 04

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

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

LOCATION 150 West TR Bluefield TL Big Cluster Loop TL Cedar Woods DR. at end - SFE on left before end (former Lot 5)

SUBDIVISION Cedar Woods BLOCK / SECTION _____ LOT 9/9A LOT AREA .69Ac+, .28Ac SFE SITE CLASS. PSSFE9A DESIGN FLOW 480gpd L.T.A.R. .3 SFE 9A

Septic Tank: 1600 Gallons; STB 312 Date 3/5/05

Pump Tank: 1000 Gallons; PT 27 Date 3/11/05

Pump Make: Gomes Model WEO-1012 H Serial No. 4/29/05

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

No Lines 4@67'± Trench Width 24" min 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PBPS

Repair System Description: LP PBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

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

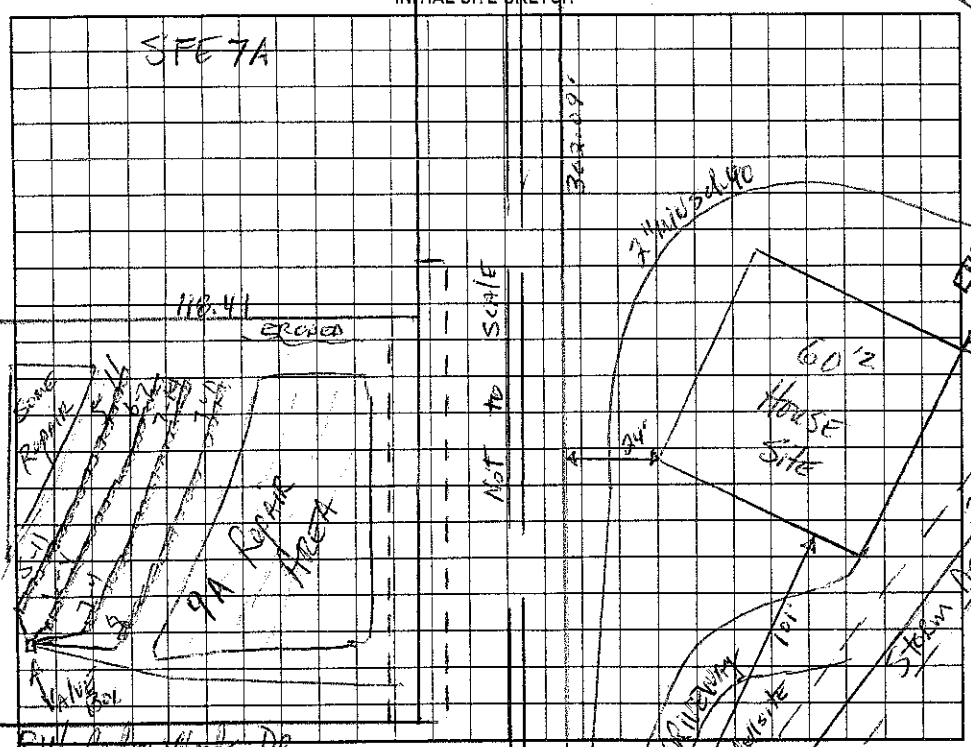
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: @ 36" min 96c

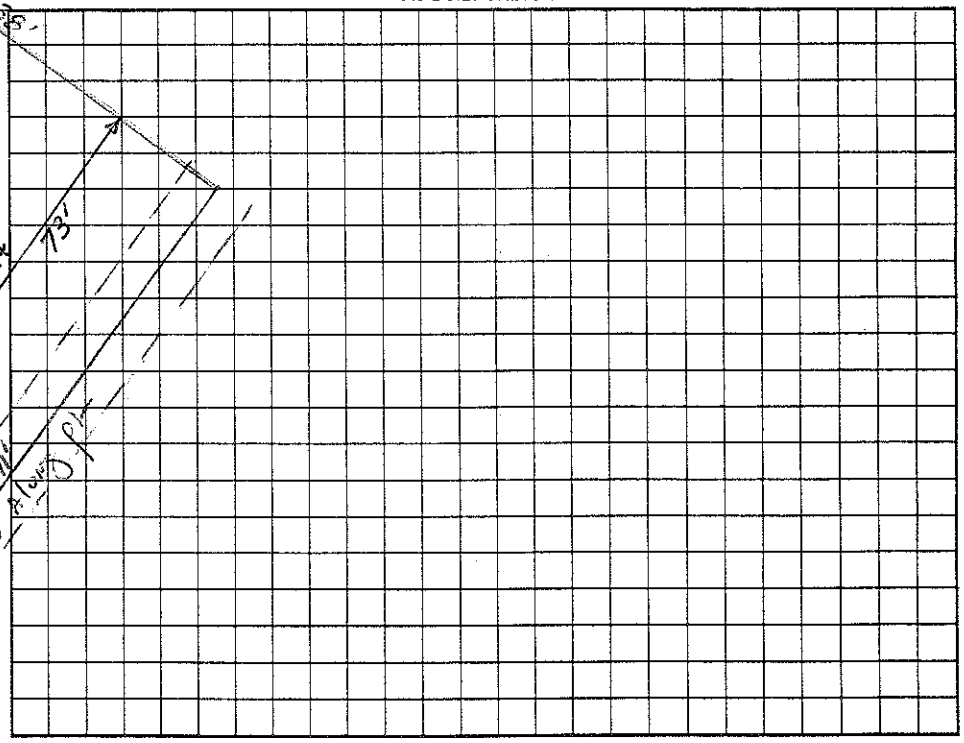
1"=50'

Comments:/Conditions:

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: Paul T. Gibbon date 4-2-04 Installed by: Harris Grading/Sonny Reese

Improvement Permit by: _____ date 3-10-04 Operation Permit by: Wesley Sparks RS. date 9/13/05

Authorization to Construct by: _____ date 3/7/05 Existing System Inspection by: _____ date _____

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