IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117858 PIN# 4648-32-8497.4 4648-32-9517 DATE Feb 25, 2004

OWNER OR CONTRACTOR Iredell Three LLC / Kathleen Homes Inc. PHONE: Business _____ Home _____

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

LOCATION 150 West TR Bluefield Rd. TL Big Indian Loop TL Cedarwoods Dr. 4th lot on left

SUBDIVISION Cedarwoods BLOCK / SECTION _____ LOT 4 LOT AREA .60 ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .625

Septic Tank: 1000 Gallons; STB 317 Date 7/14/05
Pump Tank: 1000 Gallons; PT 283 Date 7/14/05
Pump Make: Goulds Model WE0 511 H Serial No. G0581405
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240
No Lines 3-4 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: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

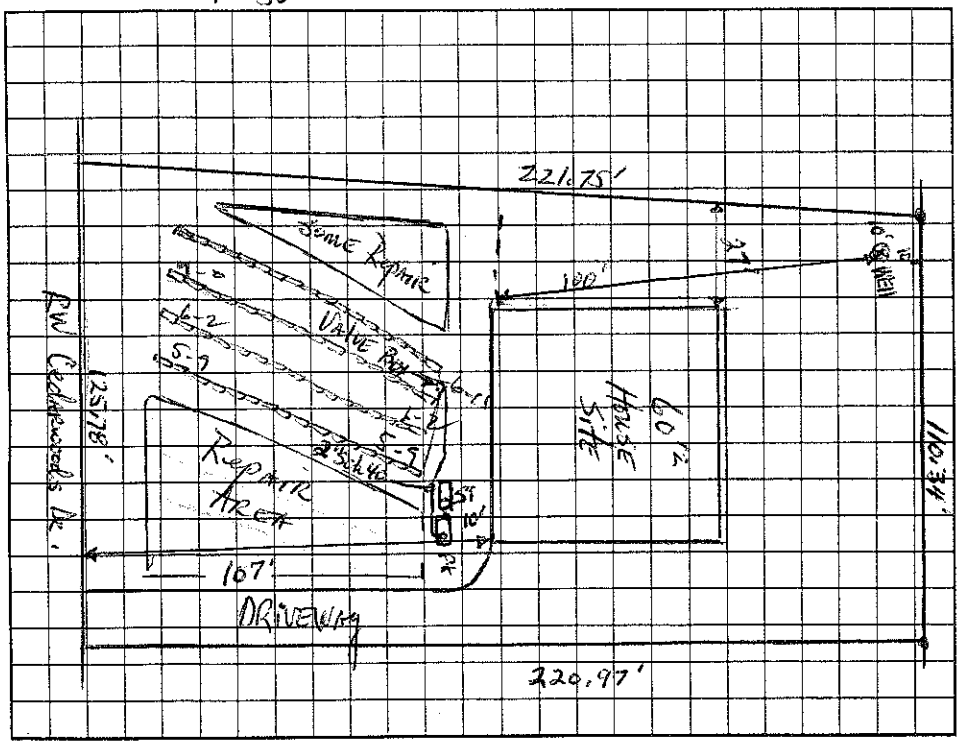
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments:/Conditions: Maintenance Contract

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: Curt Dennis

Improvement Permit by: Mark Hamm, RS date 2-25-04 Operation Permit by: Wade Sparks RS. date 9/16/05

Authorization to Construct by: _____ RS date 12/8/04 Existing System Inspection by: _____ date _____

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