IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 315.00 Fee MOORESVILLE 704-664-5281

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

PERMIT# 118512 PIN# 4648-32-8497.7 4648421203 DATE March 10, 04

OWNER OR CONTRACTOR Iredell Three LLC / Artifex Builders PHONE: Business _____ Home _____

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

LOCATION 150 WEST TR Bluefield Rd. TL Big Indian Loop TL Cedar Woods Dr. at end on left

SUBDIVISION Cedar Woods BLOCK / SECTION _____ LOT 7/7A LOT AREA N:7Ac ± .3Ac SFE SITE CLASS. PSSFE 7A DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8-26-07
Pump Tank: 1000 Gallons; PT 283 Date 10-13-07
Pump Make: Gould's Model WE0512HHW
Nitrification Field: No Fields ___ Square Feet 540/810 Linear Feet 270
No Lines 3@90' Trench Width 24" mid 8'bc Max Trench Bottom Depth 36"

☑ 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 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ___
☐ Other _____

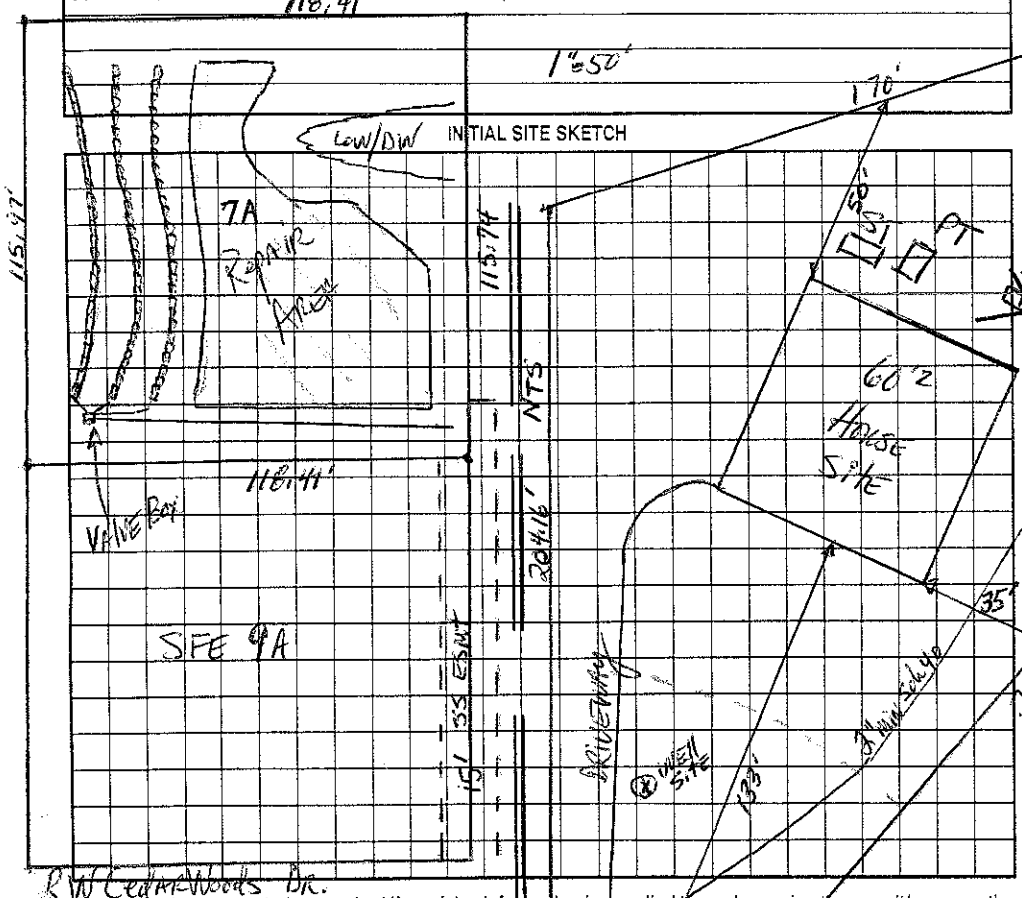
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Gravel Depth NA

Comments:/Conditions: 118.41' 36" MIN 9'bc

INITIAL SITE SKETCH



Comments:/Conditions: 9/2008 Tanks Checked 6/27/08
5/32" hole drilled, 2 panels per ditch
Installed as drawn.

AS BUILT SKETCH

12/9/08 Checked pressure, Alert & Alarm

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 J. Allen date 4-21-04 Installed by: Richard Abernathy RS

Improvement Permit by: _____ date 3-10-04 Operation Permit by: Marina Coleman RS date 12/9/08

Authorization to Construct by: John Allen date 12-18-06 Existing System Inspection by: _____ date _____

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