IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090923 PIN# ~~4658945249 (PT)~~ 4658-98-5976 DATE Dec 19, 00

OWNER OR CONTRACTOR Mid Carolina Dev. // Antolio Delgado PHONE: Business 634-0173 Home

ADDRESS PO Box 1580 Cornelius NC 28031

LOCATION 115-21N TR Shinnville Rd. TL Carolina Urgent TL Barnswallow on left

SUBDIVISION Grace Meadows BLOCK / SECTION LOT 26 LOT AREA 24,768 ft² SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7/24/01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity Innovative-25% Red

Repair System Description: ~~Gravity pumped Innov. -25% Red~~

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

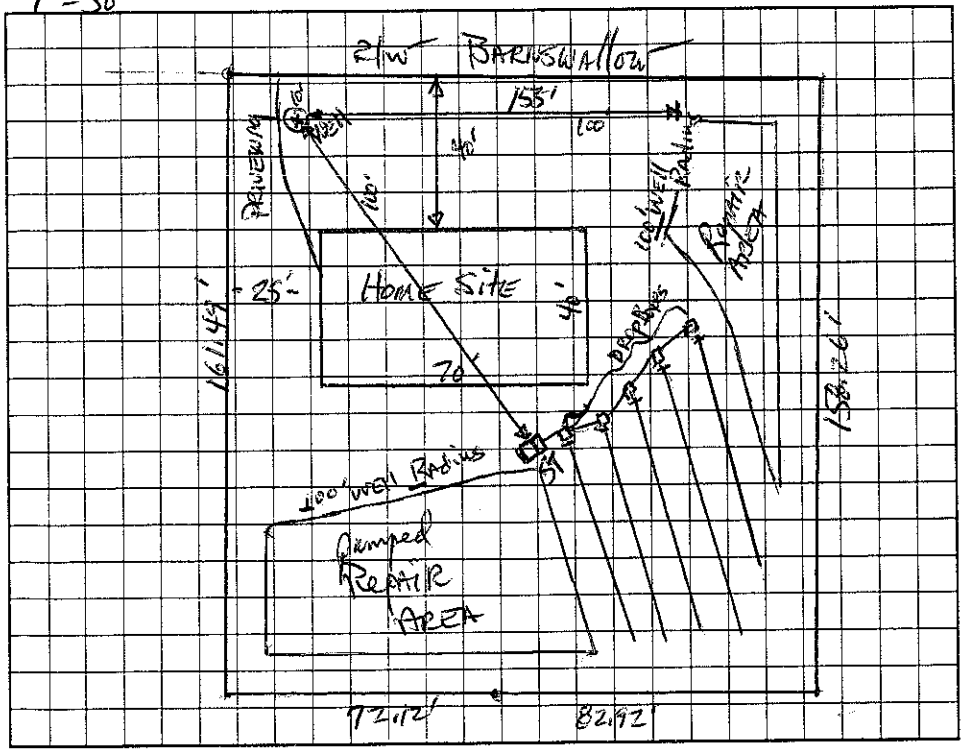
Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: Install well exactly where shown. Maintain 100' separation between well & septic systems.

Comments:/Conditions:

INITIAL SITE SKETCH

1"=50'



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: Steve Kay date 1-3-01

Improvement Permit by: RS date 12-19-00

Authorization to Construct by: RS date 10-17-01

Installed by: Craig Thompson

Operation Permit by: RSI date 10/17/01

Existing System Inspection by: date

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