IREDELL COUNTY HEALTH DEPARTMENT

Paid 125.00 I.P (1:30) (LE

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

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

PERMIT# 090854 PIN# 4658995249 (pt) 4658-99-6590 ✓✓ DATE Dec 4 00

OWNER OR CONTRACTOR Mid Carolina Dev. / Carol Lawson / Freedom Homes PHONE: Business 634-0173 Home

ADDRESS P.O. Box 1580 Cornelius N.C. 28031

LOCATION 115 N. TR Shinnville Rd TL Carolina Wren on left near end

SUBDIVISION Grace Meadows BLOCK / SECTION LOT 10 Revised LOT AREA 36,750 ft² SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 312 Date 10/30/00
Pump Tank: 1000 Gallons; PT 27 Date 1/19/01
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 3@90' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: DM Innovative - 25% Red.
Repair System Description: ~~Same~~ LP Panel
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

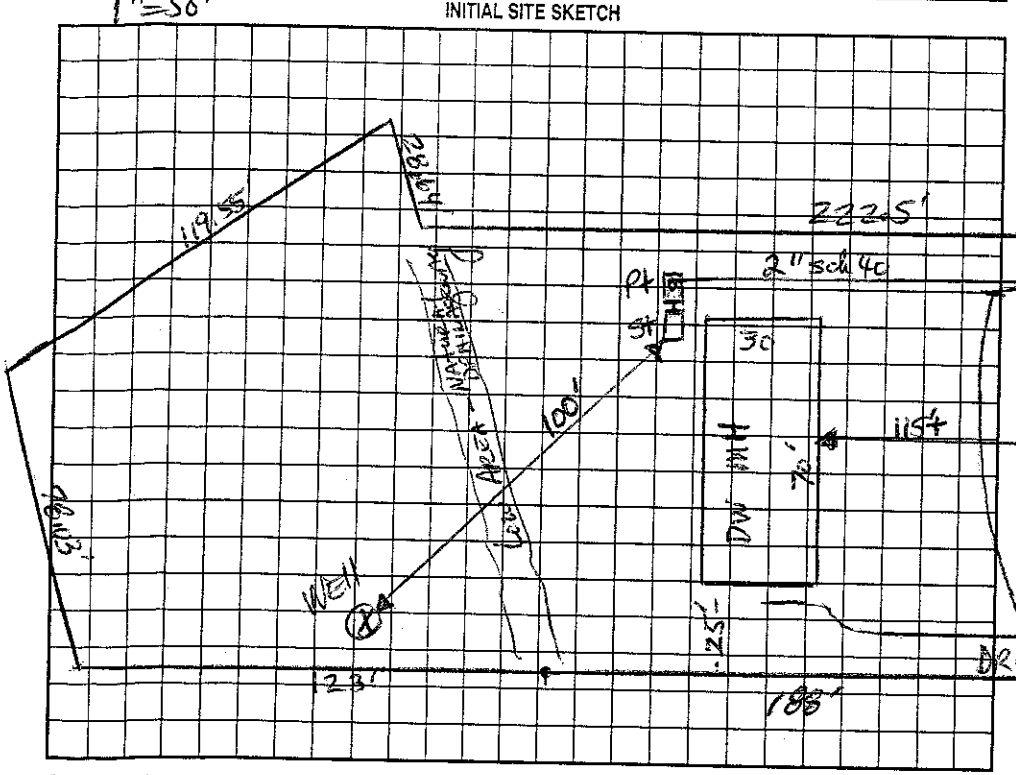
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments:/Conditions: 2-20-01 Reviewed floor plan of home; appears in compliance w/ IP. Home, well & septic system to be located exactly where shown.

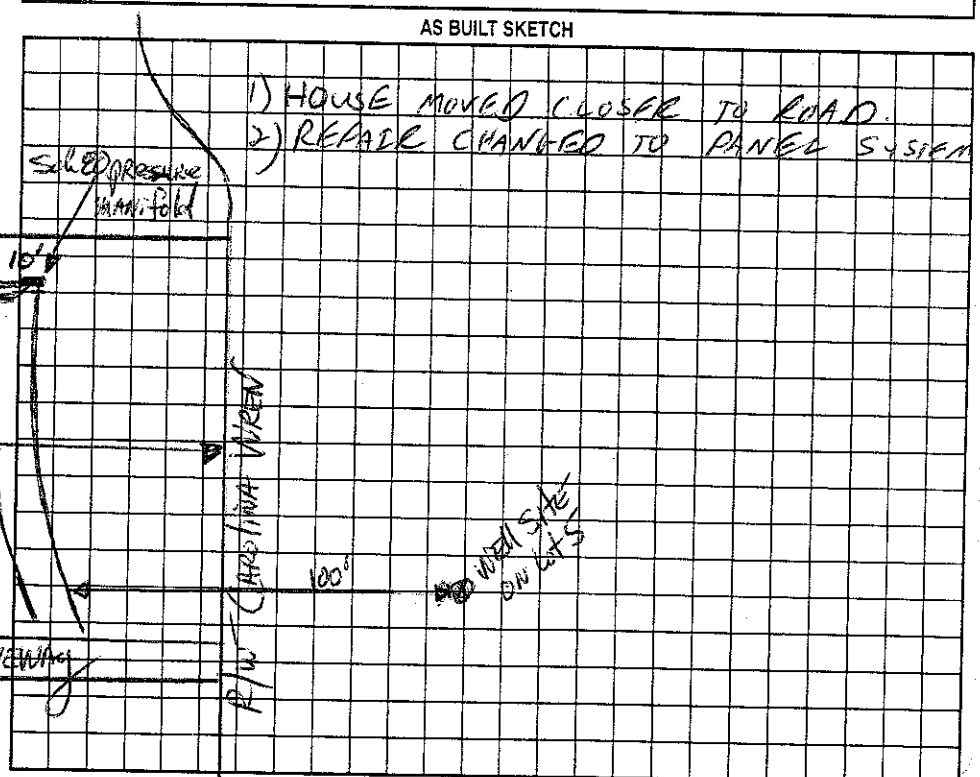
1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

1) HOUSE MOVED CLOSER TO ROAD.
2) REPAIR CHANGED TO PANEL SYSTEM.



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: Stephen Lawson date 12-5-00

Improvement Permit by: D. Lawson, RS date 12-4-00

Authorization to Construct by: D. Lawson, RS date 2-20-01

Installed by: MARTIN TUCKER

Operation Permit by: Diana H. Wilson, RS date 3/9/2001

Existing System Inspection by: date

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