IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 090924 PIN# 4658895249 (pt.) 4658-99-7161 DATE Dec 8, 00

OWNER OR CONTRACTOR Mid Carolina Dev. II Fleetwood Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 1580 Cornelius

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

SUBDIVISION Grace Meadows BLOCK / SECTION _____ LOT 27 LOT AREA 51,472 ft² SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Date 1/16/01
Pump Tank: 1000 Gallons; PT 263 Date 3/23/01
Pump Make: Zoeller Model N98 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1320 Linear Feet 440
No Lines 4@110' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - Conventional
Repair System Description: PM - Conventional / Innovative
Maintenance Agreement Required: ☐ Yes ☑ No

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

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

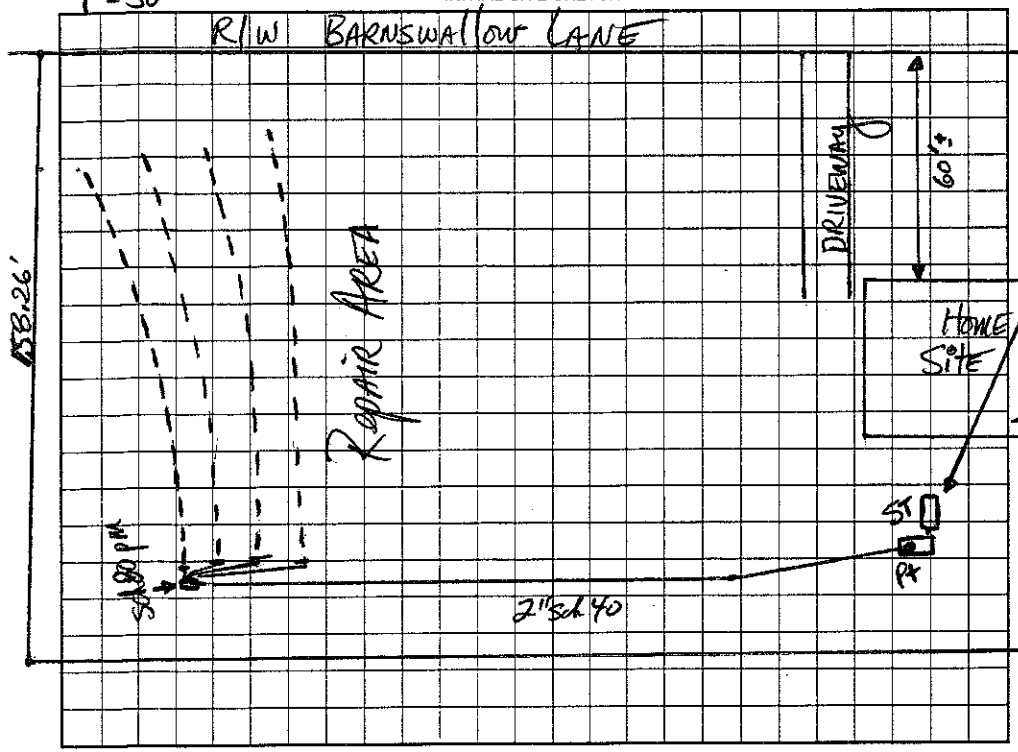
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Install well & Septic System where Shown on plan. 100' separation between well & septic tank/pump tank. 4-11-01 Reviewed floorplan - in compliance by I.P. House to be located exactly where shown.

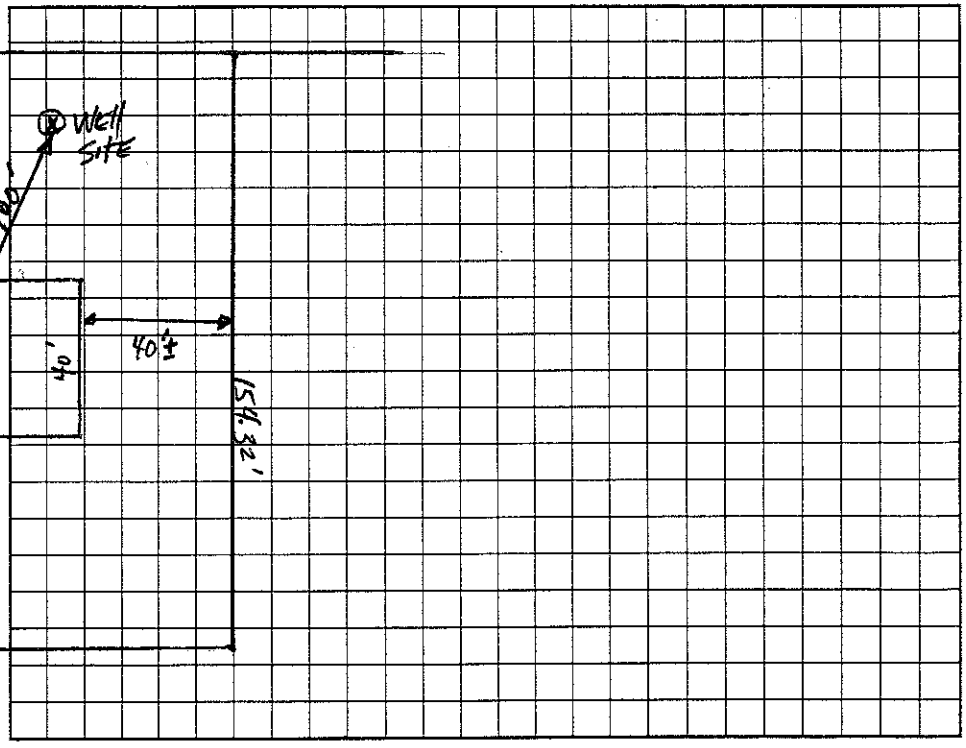
Comments/Conditions:

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: Steven R _____ date 12-15-00

Improvement Permit by: D. R. Hunsucker IRS date 12-8-00

Authorization to Construct by: D. R. Hunsucker IRS date 4-11-01

Installed by: _____

Operation Permit by: _____ date 6/11/01

Existing System Inspection by: _____ date _____

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