IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090851 PIN# ~~4658995249 (pt.)~~ 4658-99-1836 DATE Sept. 28, 00

OWNER OR CONTRACTOR Mid Carolina Dev. // MIKE BLAKE PHONE: Business _____ Home _____

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

LOCATION 115 N. TR Shinnville Road TL Carolina Wren Drive AT END

SUBDIVISION Grace Meadows BLOCK / SECTION _____ LOT 7 LOT AREA 35,298 ft² SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .25-.2

Septic Tank: 1000 Gallons; STB 1012 Date 8/24/2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400-420
No Lines 3@140' 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: 1 LOPanel Block
Maintenance Agreement Required: ☐ Yes ☑ No

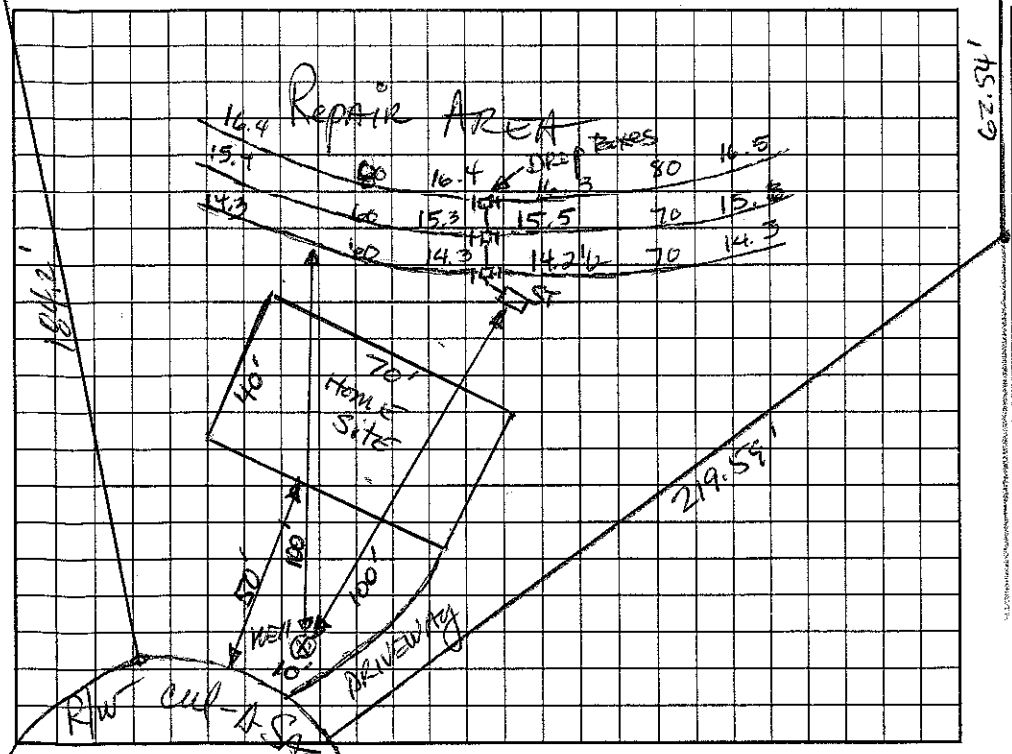
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

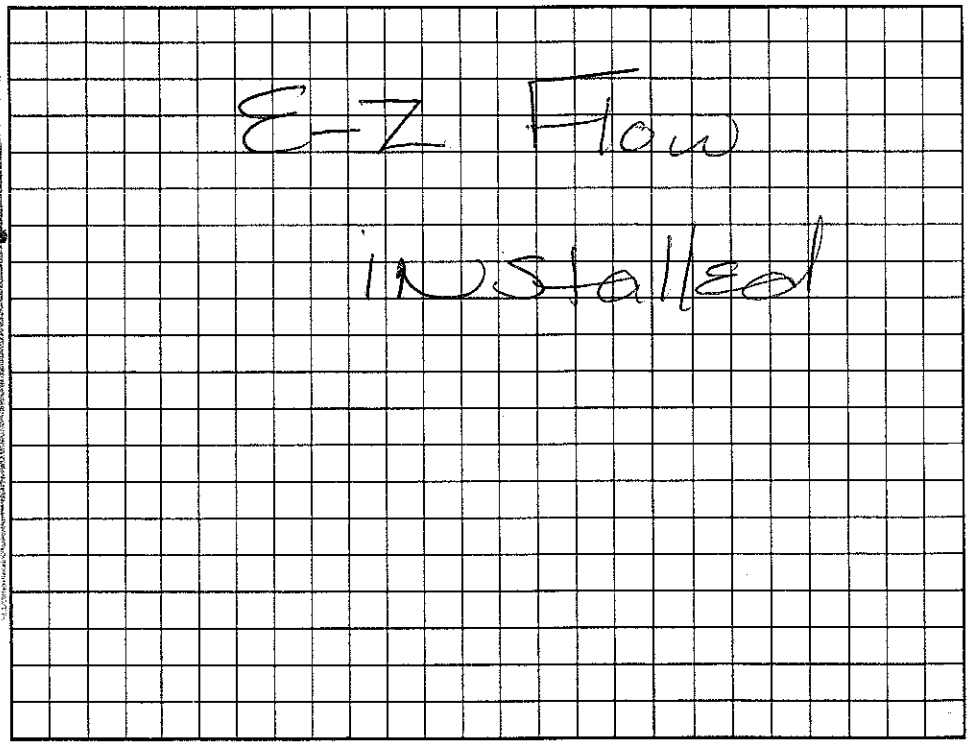
Comments:/Conditions: Remove old farm burns/terraces. Maintain 100' between well & septic system. Install well 1"=50' Exactly where shown. Install laterals 36" trench bottom depth. 261.45'

Comments:/Conditions: Well not installed yet at time of inspection, mtr not set up. Filter installed

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 9/29/00 Installed by: A-1 Backhoe

Improvement Permit by: _____ date 9-28-00 Operation Permit by: _____ R.S. date 10/3/2000

Authorization to Construct by: _____ date 9-28-00 Existing System Inspection by: _____ date _____

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