IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090850 ~~20060000~~ PIN# ~~4658995249 (Lot)~~ 4658-99-8883 DATE October 6, 2000

OWNER OR CONTRACTOR Mid Carolina Dev. // ~~Tiffany Reynolds~~ Debra Marie Sharpe PHONE: Business _____ Home _____

ADDRESS PO Box 1580 Cornelius NC // P.O Box 2121 Cornelius

LOCATION 115 N. TR Shinnville Rd. TL Carolina Wren Drive NEAR/AT END on Right

SUBDIVISION Grace Meadows BLOCK / SECTION _____ LOT 6 LOT AREA ± 47Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10/2 Date 9/18/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6 @ 50' 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: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

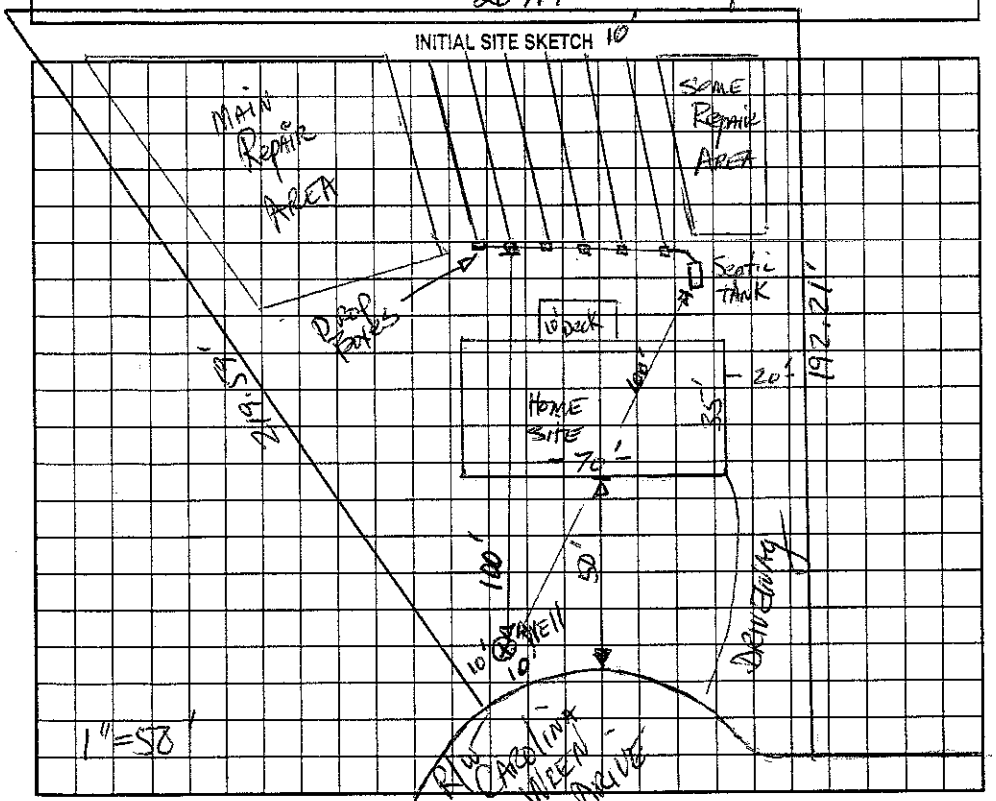
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: Install well exactly where shown. Maintain 100' between well & septic system area. Don't grade or lower house site or use of a pump may be required. 209.7

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed in 5 @ 60'

Infiltrators

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 _____ Installed by: A-1 Backhoe

Improvement Permit by: _____ date 10-6-00 Operation Permit by: _____ date 3/15/02

Authorization to Construct by: _____ date ~~10-6-00~~ 3-8-02 Existing System Inspection by: _____ date _____

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