IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-528[illegible]

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

PERMIT# 090926 PIN# 4658995249 (pt.) 4658-99-9256 DATE Dec 12, 00

OWNER OR CONTRACTOR Mid Carolina Dev. / LEANNE JONES / DEXON PHONE: Business _____ Home _____

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

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

SUBDIVISION Grace Meadows BLOCK / SECTION _____ LOT 29 LOT AREA 44,293 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. ~.25

Septic Tank: 1000 Gallons; STB 794 Date 4/16/01
Pump Tank: 1000 Gallons; PT 238 Date 5/5/01
Pump Make: Bowles Model WE0311M Serial No. D0150158
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 5@72' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM - Innovative - 258 Rd.
Repair System Description: Innovative for LPP
Maintenance Agreement Required: ☐ Yes ☑ No

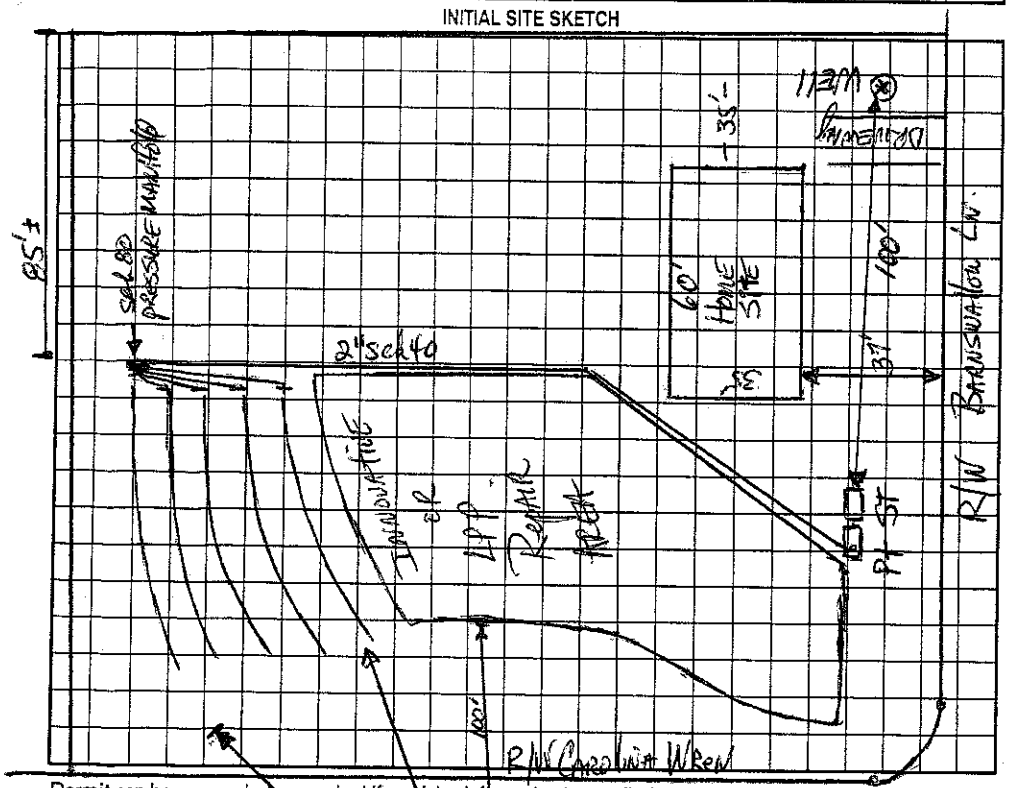
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home DW No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

1" = 50'

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 12-15-00 Installed by: Marty Tucker

Improvement Permit by: _____ date 12-12-00 Operation Permit by: Wesley Sparks R.S. date 6/27/01

Authorization to Construct by: _____ date 12-15-00 6/18/01 Existing System Inspection by: _____ date _____

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