4.00
9.50

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090849 PIN# ~~4658795249 (pt)~~ 4658-99-9648 DATE Sept 28, 00

OWNER OR CONTRACTOR Mid Carolina Dev. PHONE: Business 634-0173 Home

ADDRESS PO Box 1580 Cornelius N.C. 28031-1580

LOCATION 115 N. TR Shinnville Rd. TL Carolina Wren Drive on Right NEAR/AT cul-d-sac

SUBDIVISION Grace Meadows BLOCK / SECTION LOT 5 LOT AREA 20,524 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 @ 36"

Septic Tank: 1000 Gallons; STB 312 Date 2-28-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100' Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

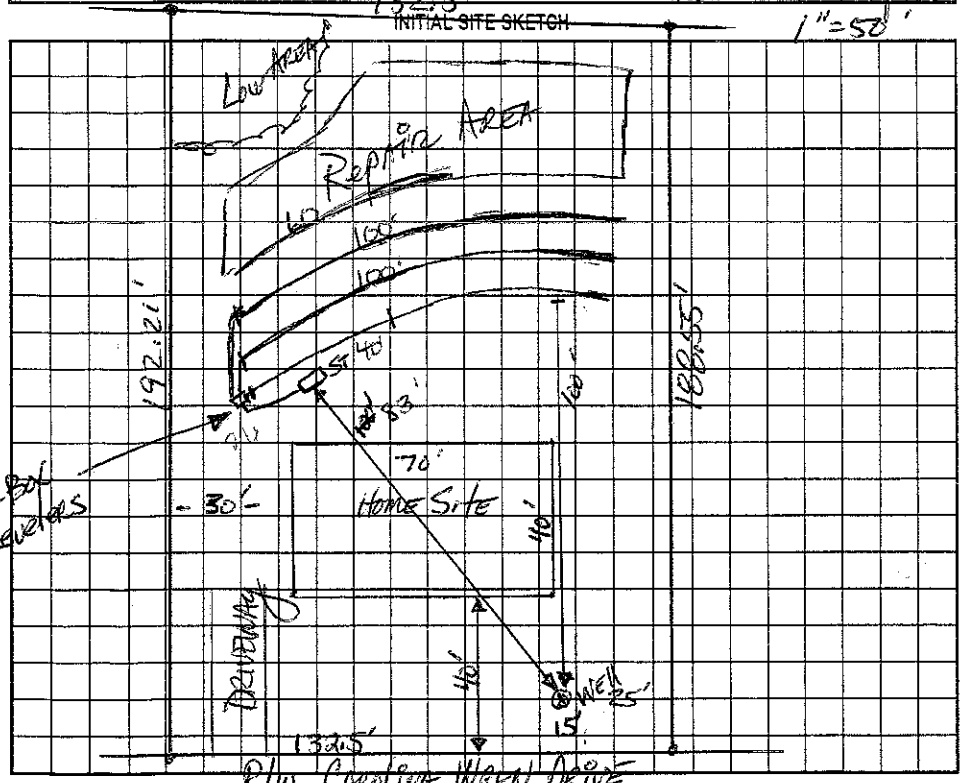
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Innovative -25% Red
Repair System Description: Innovative/Panel Block
Maintenance Agreement Required: ☐ Yes ☐ No pumped

☑ 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 burnings/terraces. MAINTAIN 100' between well & Septic System. INSTALL WELL EXACTLY WHERE SHOWN. INSTALL LATERALS AT 36" trench bottom depth

INITIAL SITE SKETCH 1"=50'



Comments/Conditions: Filter installed (~~Need to move ST~~ ~~Septic 100' from well~~, ~~Installed extra 60'~~ of drainfield to meet 100' set back. Last line 30' EZ lay 30' Chambers (Shorter line fed last)

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: [signature] date 9/29/00

Improvement Permit by: [signature], RS date 9-28-00

Authorization to Construct by: [signature], RS date 9-28-00

Installed by: Craig Thompson

Operation Permit by: [signature], RS date 10/17/2000

Existing System Inspection by: date

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