IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090847 PIN# 4658995249 (pt) 4668090498 DATE Dec 12, 00

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

ADDRESS P.O. Box 1580 Cornelius NC 28031

LOCATION 115-21N TR Shinnville Rd TL Carolina Niken on Right

SUBDIVISION Grace Meadows BLOCK / SECTION LOT 3 LOT AREA .56Ac SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2/26/02

Pump Tank: 1000 Gallons; PT 17 Date 7/11/00

Pump Make: Myers Model SR M4PK Serial No.

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PM Innovative - 25% Red

Repair System Description: PM/LP Panel Block

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

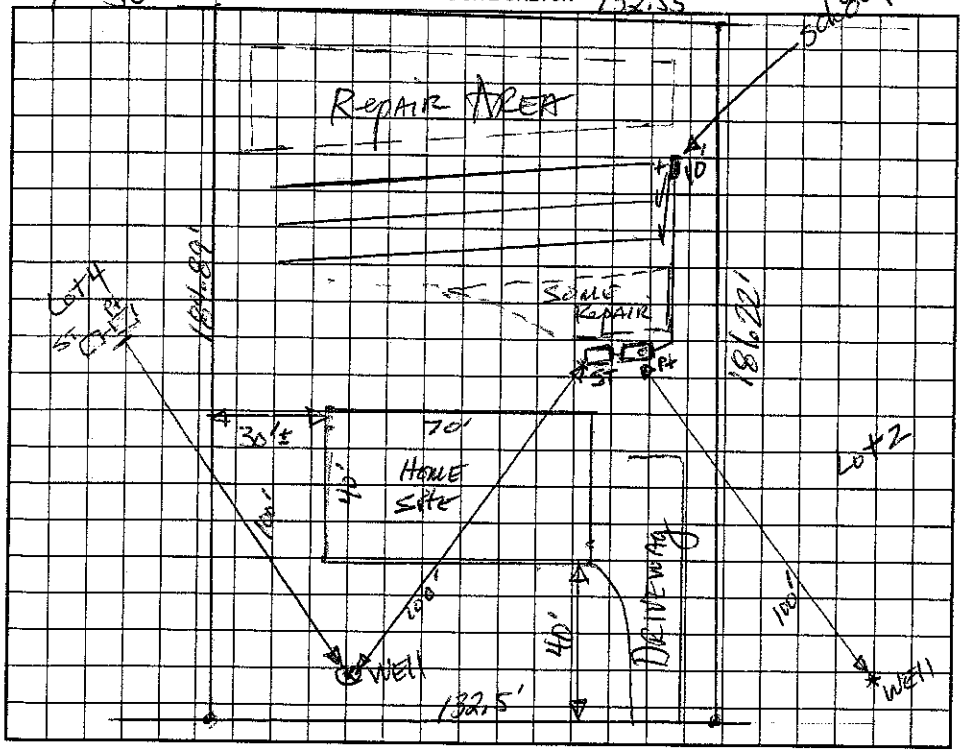
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Install well & Septic System EXACTly where Shown. Maintain 100' minimum well & Septic system separation.

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

Improvement Permit by: date 12-12-00

Authorization to Construct by: RS date 7/15/02

Installed by: A-1 Back hoe

Operation Permit by: RS date 7/24/02

Existing System Inspection by: date

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