IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071486 PIN# 3792268055 PT DATE 8/29/98

OWNER OR CONTRACTOR ~~Parker Farr~~ Penny Cook PHONE: Business 561-9836 Home

ADDRESS 5201 Monroe Rd Charlotte, NC 28205

LOCATION Hwy 70 W TL Holden Brook Dr and in Cul de Sac

SUBDIVISION Meadowbrook BLOCK / SECTION II LOT 24 LOT AREA 2 Acre SITE CLASS P5 DESIGN FLOW 360gpd L.T.A.R. .25 : 3

Septic Tank: 1000 Gallons; STB 1012 Date 5-20-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200+ Linear Feet 400+
No Lines 3 at 67'+ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: [I], II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Pump - Modified
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

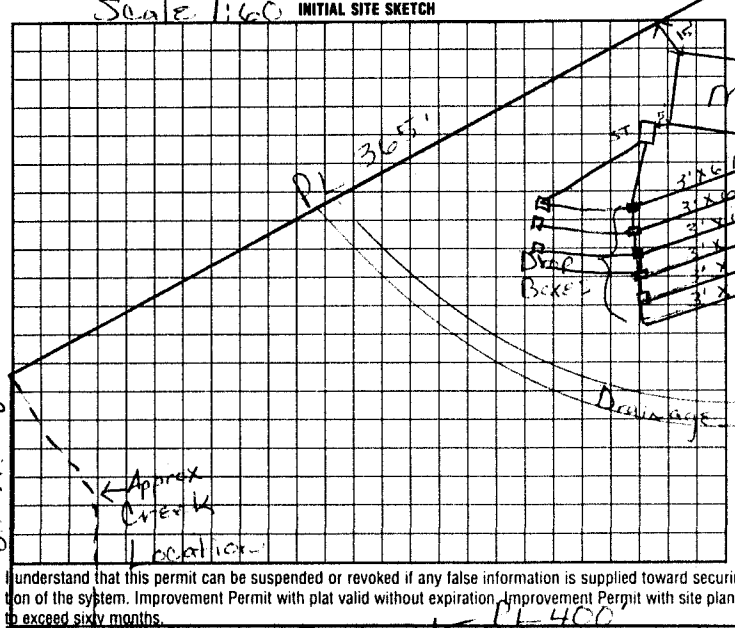
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [ ] Individual [X] Public [ ] Community

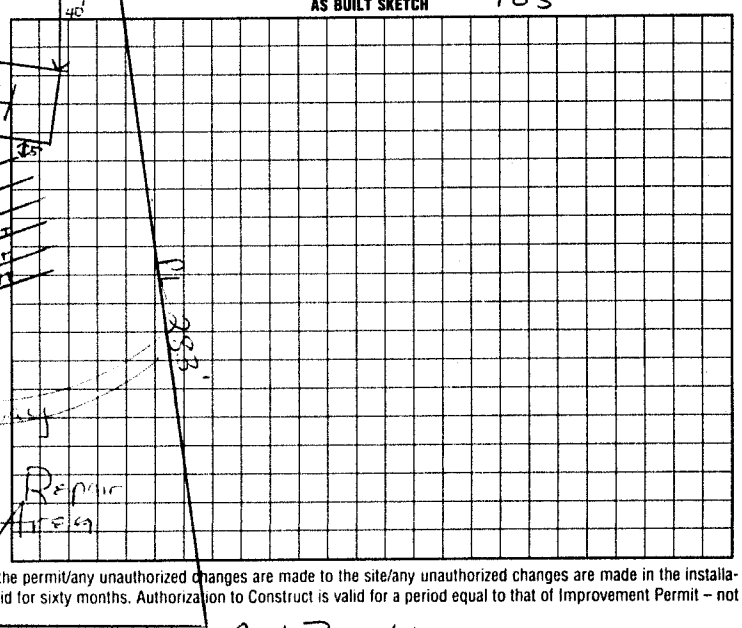
Comments:/Conditions: Keep Septic System at least 10' from PL & 5' From House

Comments:/Conditions: Holden Brook Dr Note 4 line @ 85 105 105 105

Scale 1:60 INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

PL 400

Signed: Casey agent date 9/18/98 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 9/2/98 Operation Permit by: [signature] RS date 7-20-99

Authorization to Construct by: [signature] date 6/23/99 Existing System Inspection by: ____ date ____

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