IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071506 PIN# 3793268055 (PT) DATE 8/29/98

OWNER OR CONTRACTOR Peeks Inc PHONE: Business 567-9836 Home

ADDRESS 5201 Monroe Rd Charlotte, NC

LOCATION Hwy 70 W TL Hidden Brook TL Oakstone at End in Cul-de-Sac

SUBDIVISION Meadow Creek BLOCK / SECTION II LOT 41 LOT AREA .55 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 786 Date 4-14-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model 1440 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 180
No Lines 4 at 60'ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 15"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description Gravity/Pump Modified
Maintenance Agreement Required: ☐ Yes X No

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

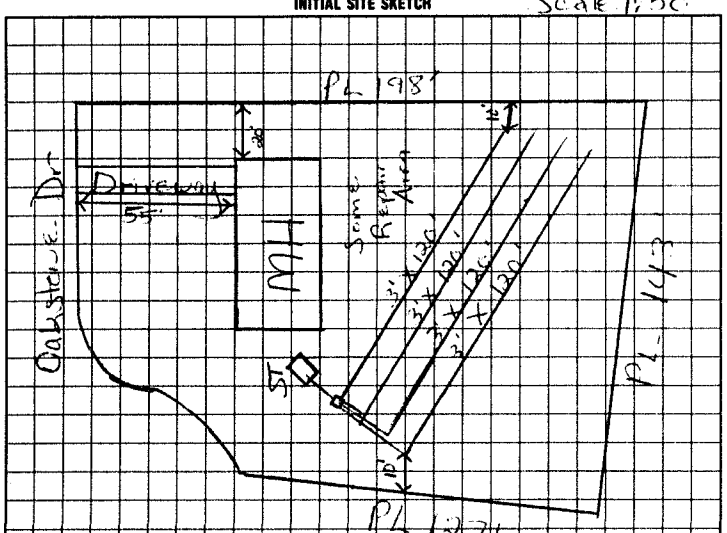
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

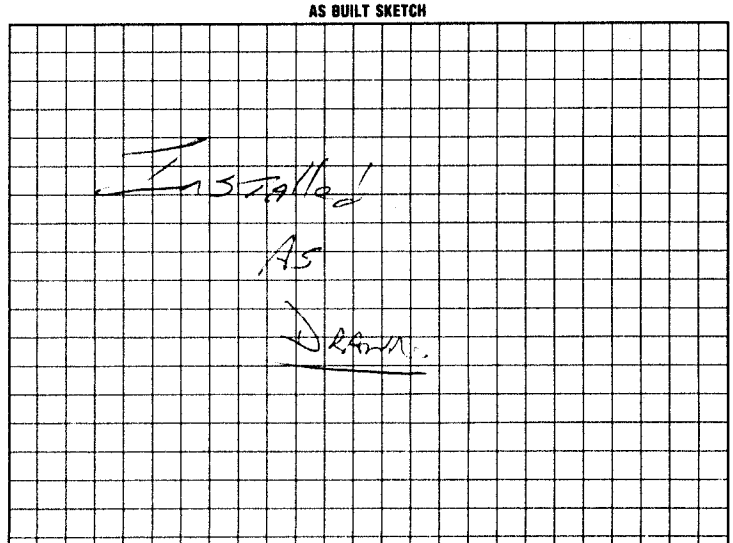
Comments:/Conditions: Divert Surface/Storm water run-off away from Septic System. Keep Septic System at least 10' from PL & 5' from House

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



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.

Signed: Jeff Casey agent date 9/18/98
Improvement Permit by: [signature] date 8/29/98
Authorization to Construct by: [signature] date 6-7-99

Installed by: Catawba Septic Tank
Operation Permit by: [signature] date 6-7-99
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