IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07151l PIN# 3792268055 (PT) DATE 8/29/98

OWNER OR CONTRACTOR ~~[redacted]~~ c/o Gary Crockett PHONE: Business ~~567-9836~~ Home 535-9748

ADDRESS 5201 Monroe Rd Charlotte, NC 28205

LOCATION Hwy 70 W to Hidden Brook Ln Oakstone Dr way down on left

SUBDIVISION Meadowbrook BLOCK / SECTION II LOT 46 LOT AREA 1.54 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 8 20 98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200'+ Linear Feet 400'+
No Lines 5 at 80'+ Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

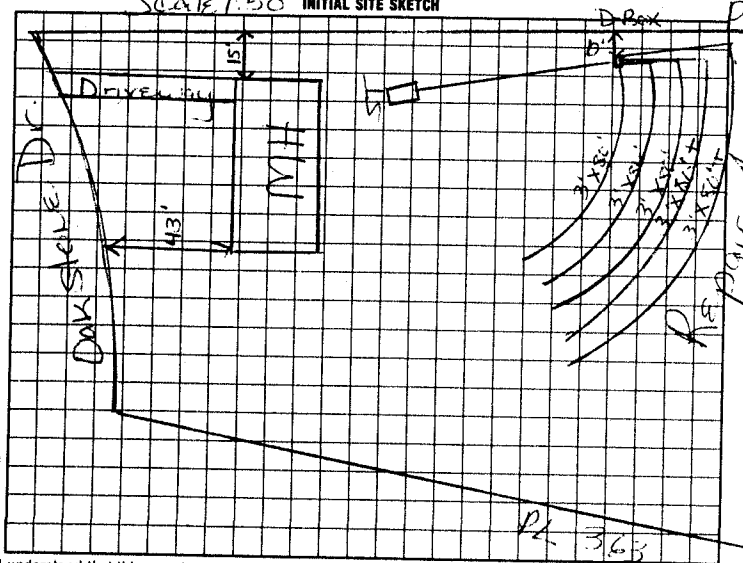
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

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

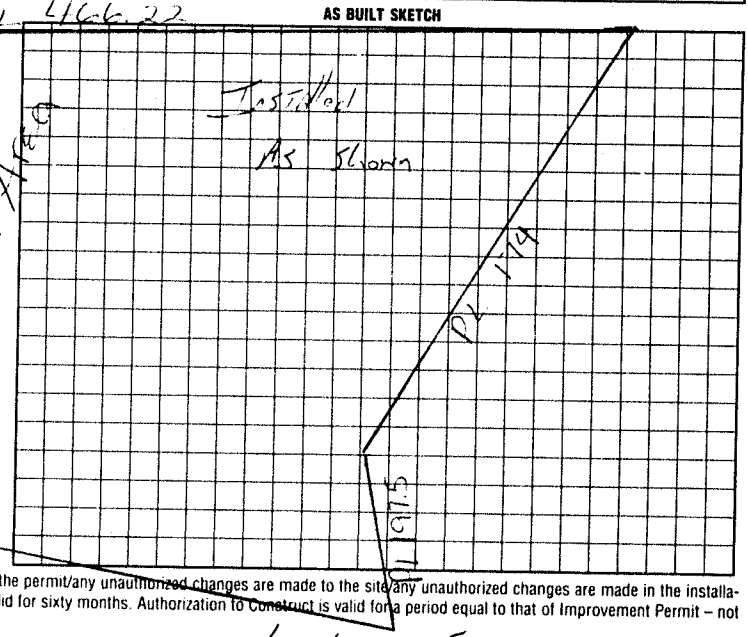
Comments:/Conditions: Keep Septic System 10' From PL & 5' From House

Comments:/Conditions:

Scale 1:50 **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.

Signed: Jeff Casey agent date 9/18/98
Improvement Permit by: [signature] date 8/27/98
Authorization to Construct by: [signature] date 9/23/98
Installed by: Leatherman Septic Tank
Operation Permit by: [signature] date Oct 6 98
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