IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# -2- TROUTMAN PIN# 4730-48-6343 DATE 11/9/99

OWNER OR CONTRACTOR C & S Associates PHONE: Business _____ Home _____

ADDRESS 4474 LAKE DRIVE - SHERRILLS FORD NC 28673

LOCATION DEATH RD (S) - TL STATE FARM - TR MEADOW FALLS - ON LT AT END

SUBDIVISION MEADOW GLEN BLOCK / SECTION _____ LOT 7 LOT AREA 1.4401 AC SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3 gpd/SF

Septic Tank: 1000 Gallons; STB 825 Date 10-24-00
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" Max Trench Bottom Depth 36"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 35% REDUCTION PUMP PANEL
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

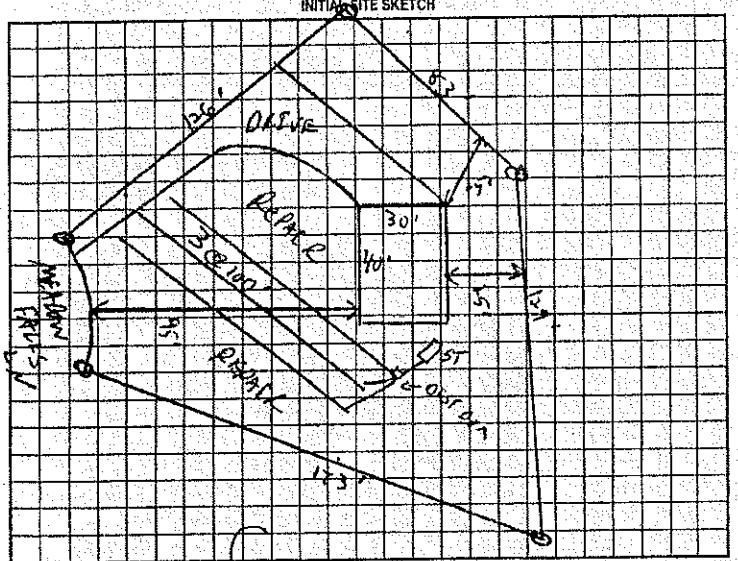
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☐ Individual
☑ Public
☐ Community
TROUTMAN

Comments/Conditions:

Comments/Conditions: - Polylok Filter Installed
- Tank Maker Installed
- Infiltrator Chamber Installed (48)

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn

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 11/10/99

Improvement Permit by: _____ RS date 11/9/99

Authorization to Construct by: _____ RS date 11/9/99

Installed by: Wayne Clontz

Operation Permit by: _____ RS date 04-11-01

Existing System Inspection by: _____ date _____

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