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 PEARTH RD (SR) - TR 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/ft²

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" Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

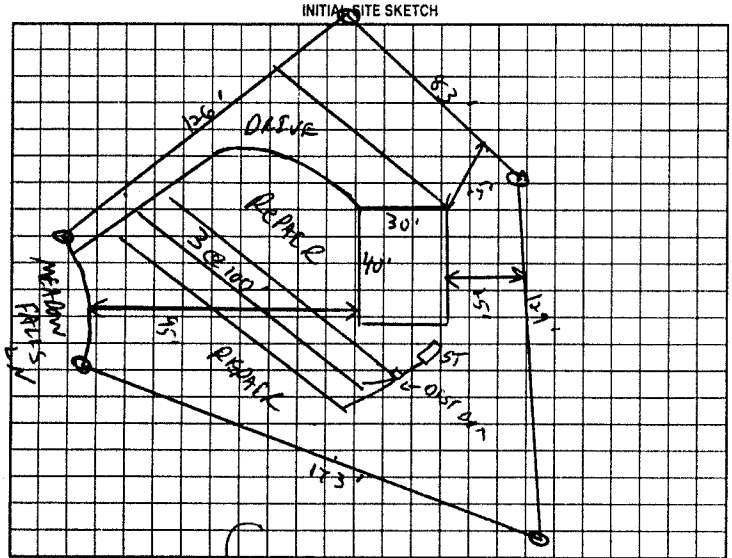
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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 Installed by: Wayne Clontz

Improvement Permit by: C. Bryan Foster RS date 11/9/99 Operation Permit by: William Johnson HSE date 04-11-01

Authorization to Construct by: C. Bryan Foster RS date 11/9/99 Existing System Inspection by: _____ date _____

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