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 PERTH RD(S) - TR STATE PARK - TR MEADOW GLEN FALLS. ON LEFT NEAR END

SUBDIVISION MEADOW GLEN BLOCK / SECTION _____ LOT 8 LOT AREA 1.3538 AC SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 12/19/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY PANELS

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

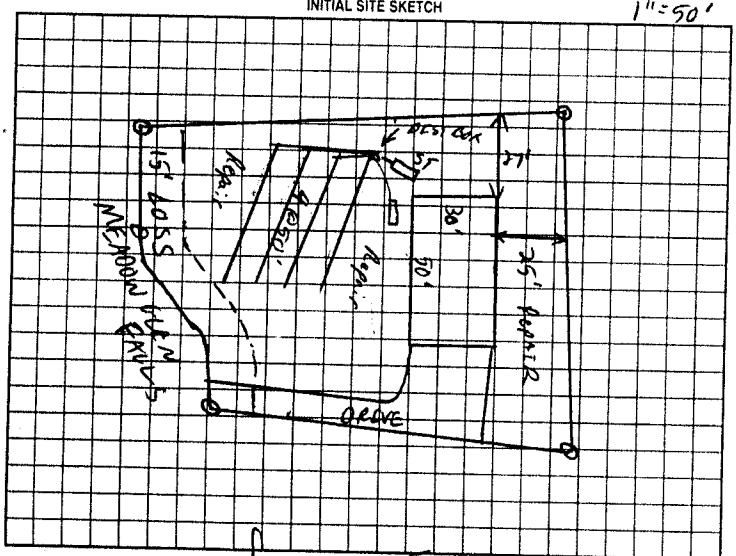
Water Supply: ☐ Individual ☑ Public ☐ Community TROUTMAN

Comments/Conditions:

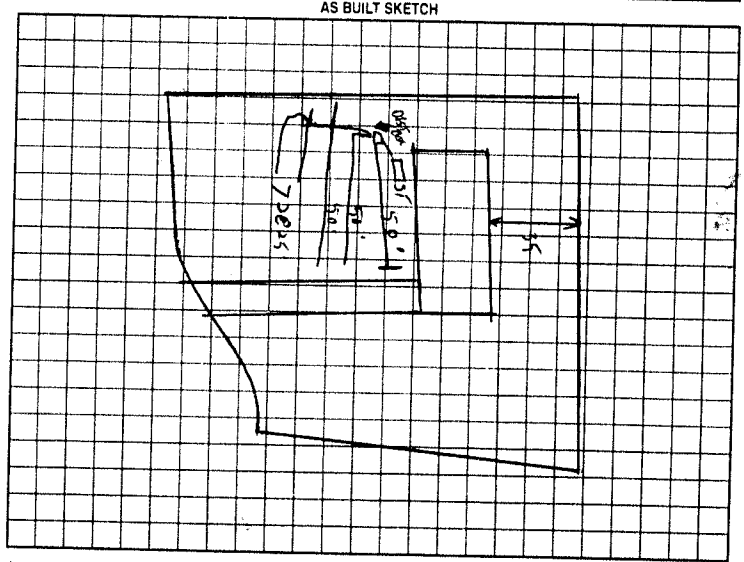
Comments/Conditions Recieved Health Dept Approval to move tank

1) INSTALLED IN WET CONDITIONS

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



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: C. Brad Toms RS date 11/9/99

Authorization to Construct by: C. Brad Toms RS date 11/9/99

Installed by: ADVANCE

Operation Permit by: C. Brad Toms RS date 2/14/01

Existing System Inspection by: _____ date _____

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