VOIDS PERMIT 11/23/99

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 5/4/01

OWNER OR CONTRACTOR C & S ASSOC. PHONE: Business (704) 202-4971 Home

ADDRESS 4474 LAKE DR., SHERRILLS FORD NC 28673

LOCATION PERTH CH. RD. (2) STATE PARK (R) MEADOW FALL LN. ON (L)

SUBDIVISION MEADOW GLENN BLOCK / SECTION LOT 9 LOT AREA .3444 Ac. SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 2/13/01
Pump Tank: 1000 Gallons: PT 283 Date
Pump Make: GOULDS Model WE0511H Serial No 80048259
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200'
No Lines 4 Trench Width 2' Max Trench Bottom Depth 3' Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: "PUMP" PBBPS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

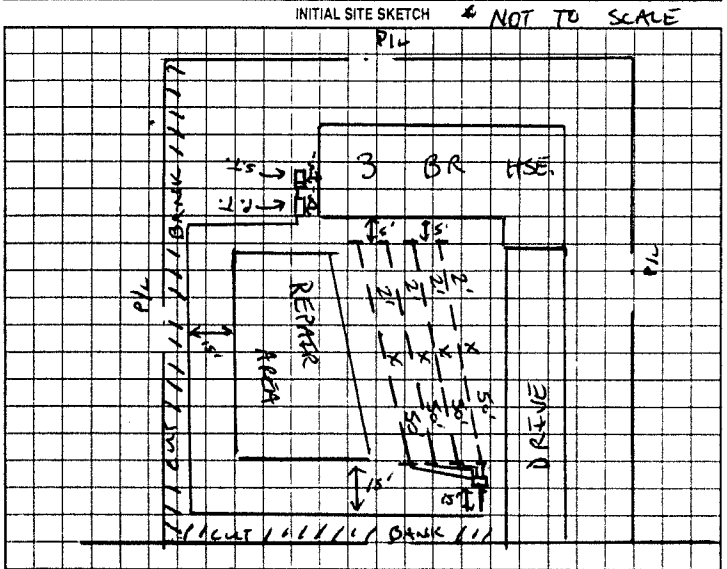
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

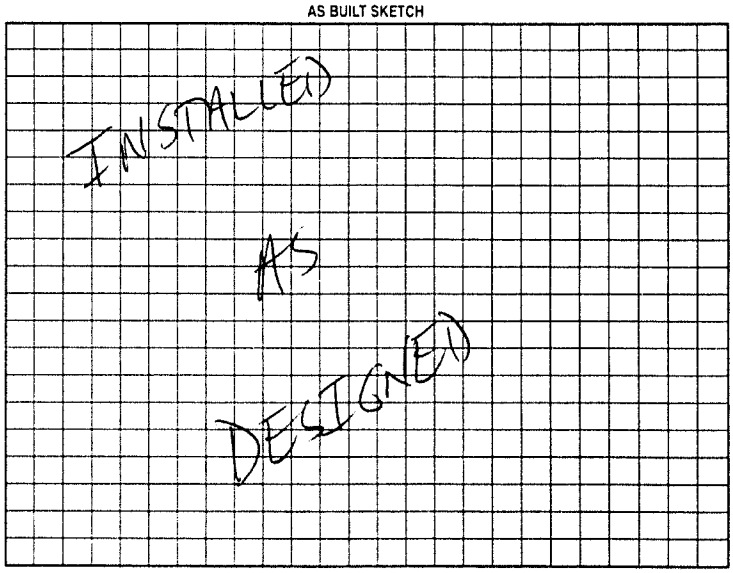
Comments/Conditions: (1) INSTALL DRAINLINES UNIFORM AND ON CONTOUR (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD AND REPAIR AREAS (3) MAINTAIN SETBACKS (4) EXISTING WATER LINE TO BE RE-ROUTED 10' MIN FROM DRAINFIELD

Comments/Conditions: 5/7/01 - CHECKED DRAINLINES AND SET MANIFOLD - NEEDS ELECTRICAL

INITIAL SITE SKETCH NOT TO SCALE



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 _____ Installed by: TOMMY FRYE

Improvement Permit by: _____ date 5/3/01 Operation Permit by: _____ date 5/10/01

Authorization to Construct by: _____ date 5/3/01 Existing System Inspection by: _____ date _____

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