IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 11-21-98

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

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

PERMIT# 07-2-0698 PIN# 4730 48 6343 (PT) DATE 1-30-99

OWNER OR CONTRACTOR C & S ASSOCIATES PHONE: Business (336) 475-4111 Home

ADDRESS 904 SALEM STREET, THOMASVILLE NC, 27360

LOCATION US 21 S, TR PERTH ROAD, TR STATE PARK ROAD, 15TH LOT ON RIGHT

SUBDIVISION MEADOW GLEN BLOCK / SECTION I LOT 13 LOT AREA 15,000 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 833 Date 5-4-99
Pump Tank: 1000 Gallons: PT 302 Date
Pump Make: Model N137 Serial No
Nitrification Field: No Fields 1 Square Feet Req. 1440 Linear Feet 240
No Lines EIGHT Trench Width 24 Max Trench Bottom Depth 36" Gravel Depth SAND 6"

✓ New System Repair System Type: I. II (III) IV. V. VI
System Description: PPBPS pump-fed
Repair System Description: PPBPS, pump-fed
Maintenance Agreement Required: Yes ✓ No

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

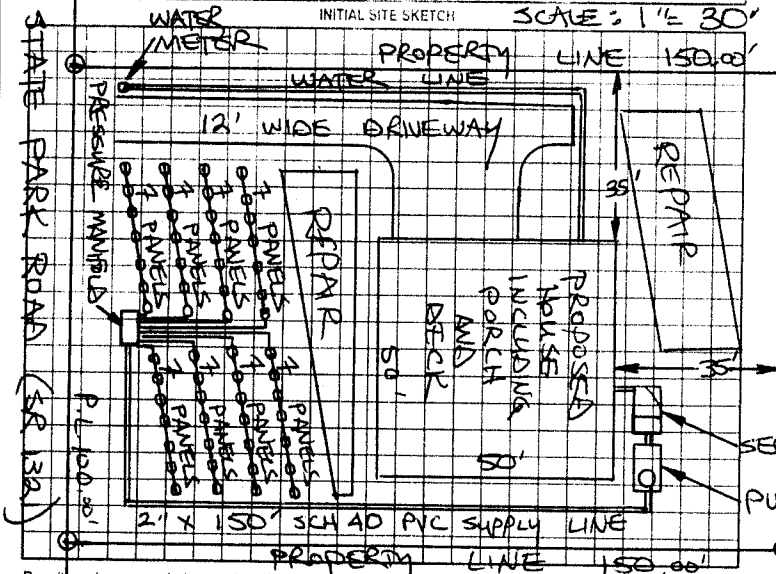
Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

Water Supply: ☐ Individual ✓ Public ☐ Community

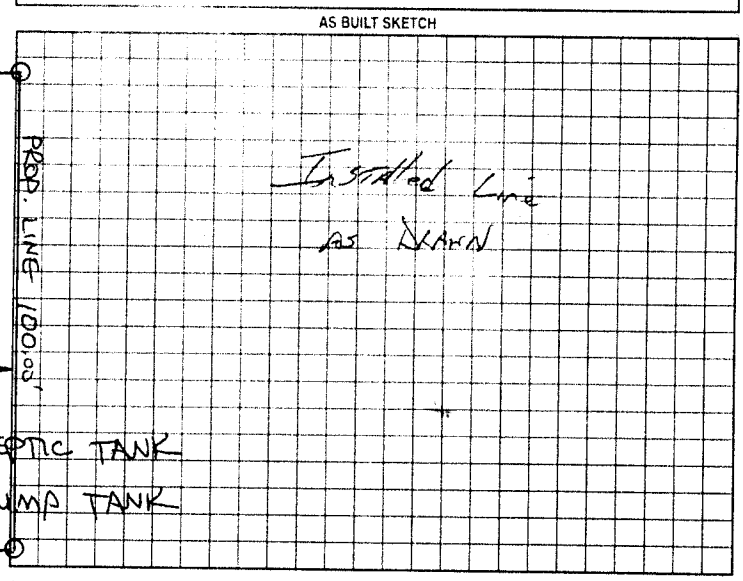
Comments/Conditions: ① INSTALL FIFTY-SIX (56) PPBPS PANELS ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

Comments Conditions

INITIAL SITE SKETCH SCALE: 1" = 30'



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 3-25-99 Installed by Rowan Septic

Improvement Permit by: STEVE HEDRICK date 1-30-99 Operation Permit by _____ date 7-21-99

Authorization to Construct by: STEVE HEDRICK date 1-30-99 Existing System Inspection by _____ date _____

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