Paid 300.00

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 486343 DATE 11/24/99

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

ADDRESS 4474 LAKE DRIVE SHERRILLS FORD NC

LOCATION PERTH RD (SR) - TR STATE PARK - TR MEADOW FALL LANE ON LT.

SUBDIVISION MEADOW GLEN BLOCK / SECTION _____ LOT 10 LOT AREA .3444 AC SITE CLASS IS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB D-794 Date 6-10-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 5@40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: GRAVITY PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

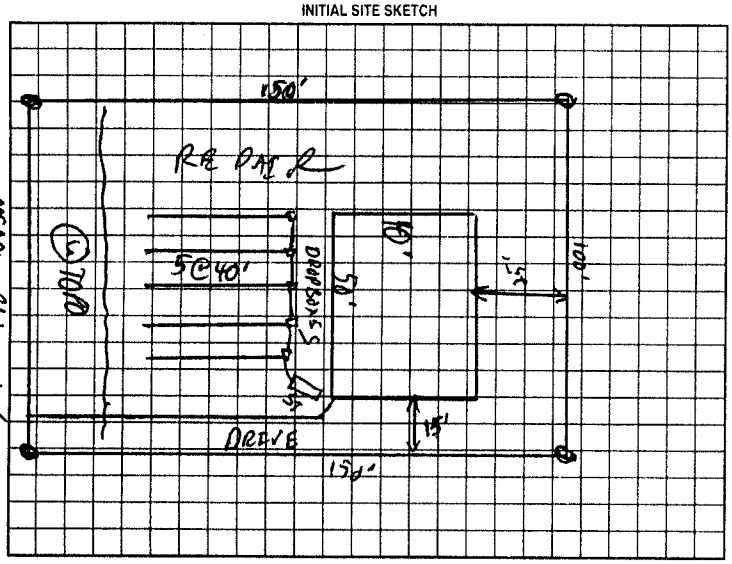
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☐ Individual
☑ Public
☐ Community
TROUTMAN

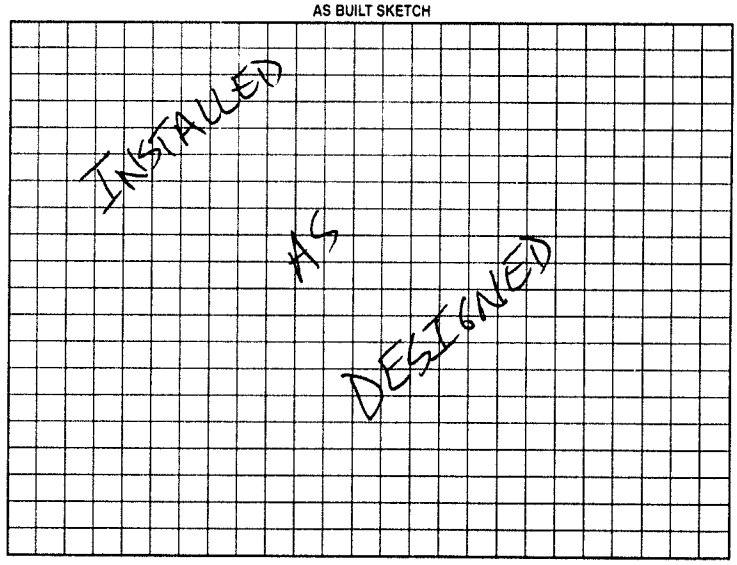
Comments/Conditions:

Comments/Conditions ① PUMP SEPTIC TANK EVERY 3-5 YRS.

INITIAL SITE SKETCH



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 5/5/00 Installed by: Tommy Page

Improvement Permit by: C. Bailey Zeno RS date 11/24/99 Operation Permit by: Danny Shinn date 4/10/01

Authorization to Construct by: C. Bailey Zeno RS date 11/24/99 Existing System Inspection by: _____ date _____

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