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-Z-0898 PIN# 4730-48-6343 (PART) DATE 1-30-99

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

ADDRESS 904 SALEM STREET, THOMASVILLE NC 27360

LOCATION US 21 S, TR PERTH ROAD, TR STATE PARK ROAD, 13TH LOT ON RIGHT

SUBDIVISION MEADOW GLEN BLOCK / SECTION I LOT 15 LOT AREA 15,000 SF SITE CLASS PS1 DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 825 Date 4-2-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 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

System Description: PPBPS, GRAVITY FED

Repair System Description: PPBPS, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

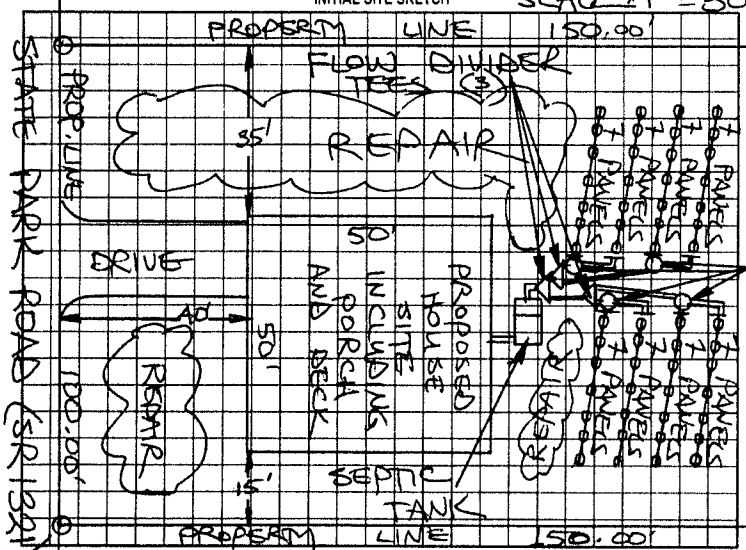
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

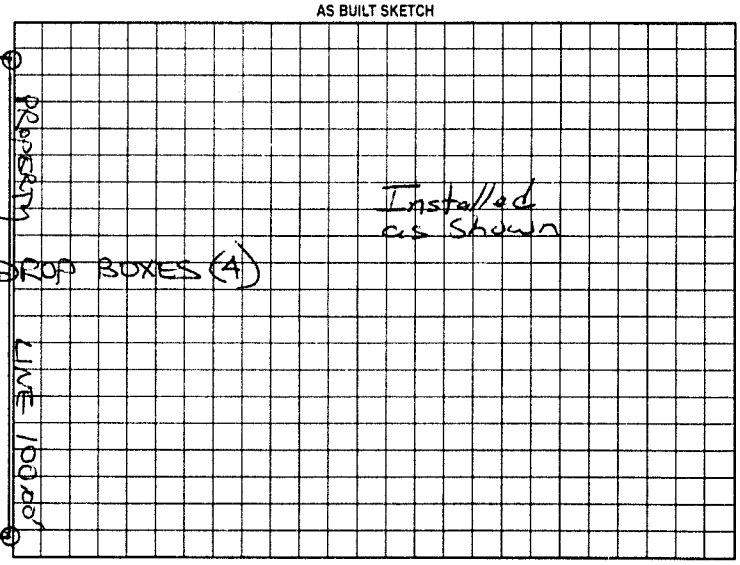
Comments/Conditions ① INSTALL FIFTY-SIX (56) PPBPS PANELS IN EIGHT EQUAL LENGTH LINES ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR SUB-FIELDS

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 2-25-99 Installed by: Rowan Septic

Improvement Permit by: STEVE HEDRICK date 1-30-99 Operation Permit by: Mary Clift RS date 6-9-99

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