100823

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 14-2-0900 PIN# 4730-48-6343 DATE May 18, 01

OWNER OR CONTRACTOR C&S Associates // Odell Stamey PHONE: Business _____ Home _____

ADDRESS 199 Waddell Rd. Mooresville

LOCATION State Park Rd. TR into Meadowglen TL Spring Lake Dr. on Right

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 75 LOT AREA .3558 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 4-21-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 400 Linear Feet 200
No Lines 2+2 Trench Width 24"&8"cc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity PVCBPS
Repair System Description: LP PVCBPS
Maintenance Agreement Required: ☐ Yes ☑ No

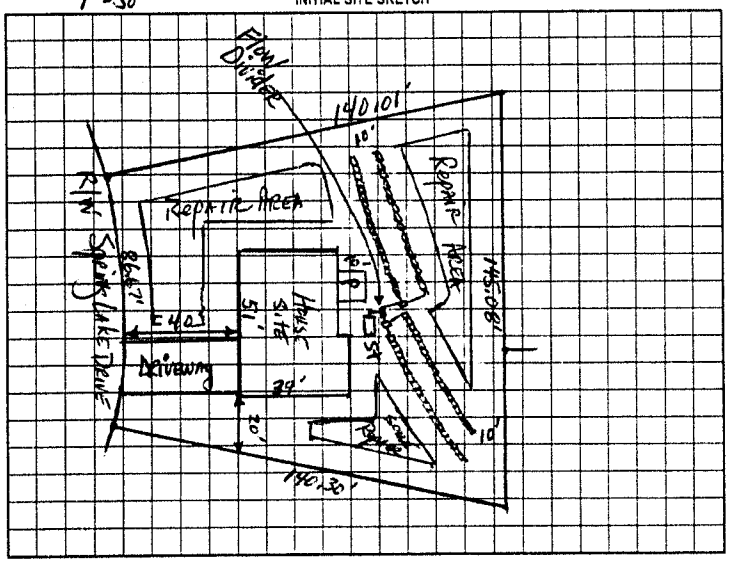
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Do not cut house site. Backfill as needed on front of house. Use one flow divider to 2 D-Boxes with levelers. This permit Replaces earlier permit issued 5-9-01

Comments/Conditions: ZABEL FILTER & MACKER INSTALLED AS SHOWN

1"=50' 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 5-18-01 Installed by: Mitchell Grading

Improvement Permit by: _____ date 5-18-01 Operation Permit by: _____ date 7-12-01

Authorization to Construct by: _____ date 5-18-01 Existing System Inspection by: _____ date _____

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