100793

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 6/26/01

PERMIT# 15-2-0100 PIN# 4736 49 6343

OWNER OR CONTRACTOR C + S Assoc. Yes / Odell Stoney PHONE: Business 202-4971 Home

ADDRESS 199 Waddell Rd. Mooresville / NC 28166

LOCATION State Pk Rd, TR into Meadow Glen, TL Spring Lk Dr, on RT

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 76 LOT AREA .36AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 5-19-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 4 @ 50' Trench Width 24"-36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Panel
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth —

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

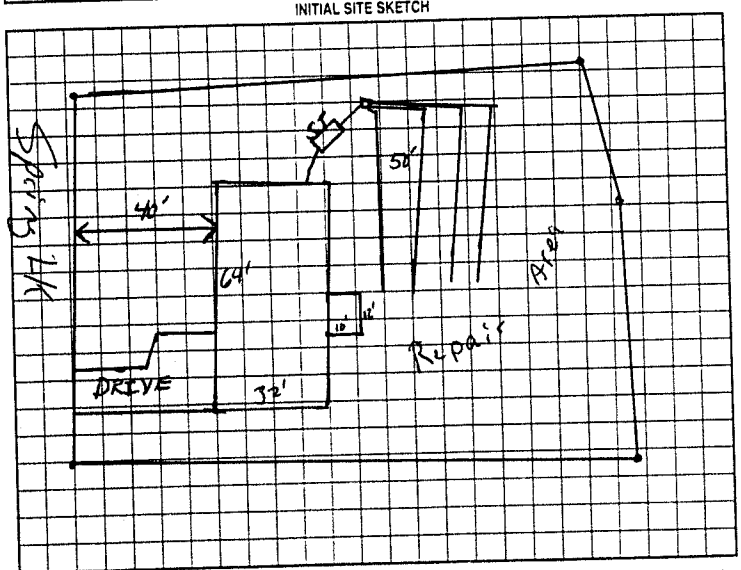
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Install Lines on Contour

Comments/Conditions: 2 ABEL FICTER 2 MARKER SPEED LEVELERS IN D-BOX SET EQUAL INSTALLED AS SHOWN

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 plan 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: [signature] date 6-26-01

Improvement Permit by: [signature] RST date 6/26/01

Authorization to Construct by: [signature] RST date 6/26/01

Installed by: MITCHELL GRADING

Operation Permit by: [signature] RS date 8-3-01

Existing System Inspection by: ____ date ____

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