Permit #106225

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ✓ 300.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 16-2-0900 PIN# 4730-46-6343 DATE Oct 30, 01

OWNER OR CONTRACTOR C&S Assoc. PHONE Business _____ Home _____

ADDRESS 4474 Lake Dr. Sherrills Ford N.C. 28673

LOCATION State Park Rd. TR Meadow Glen Dr. TL Spring Lake on Right

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 77 LOT AREA ~1.37ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons. STB 1012 Date 1-26-02
Pump Tank: _____ Gallons. PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200
No Lines 2+2 Trench Width 24" MIN 8'oc Max Trench Bottom Depth 36"

✓ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity PPBPS / LPPPBPS
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ✓ No Initially
Gravel Depth N/A ☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

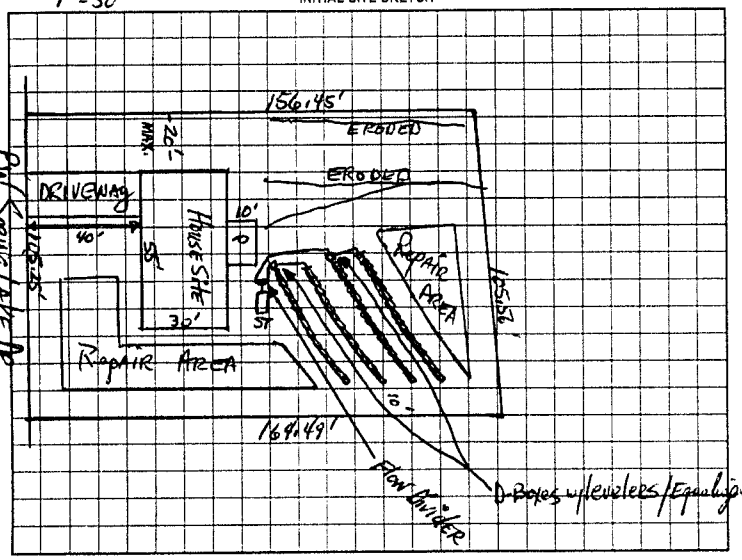
Water Supply: ☐ Individual ✓ Public ☐ Community

Comments/Conditions: OR 36" MAX 9'oc.
26x32' House 4/10x12 Deck - OKay

Comments/Conditions: - Poly Lok Filter installed
- Septic Tank Marker installed

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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: LaVerne Stanley Dixon RHS date 11-14-01 Installed by: Mitchell Grading

Improvement Permit by: _____ date 10-30-01 Operation Permit by: William O. Johnson date 5/30/02

Authorization to Construct by: William O. Johnson date 4/16/02 Existing System Inspection by: _____ date _____

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