FABER - WHITE HEAD HOMES 94659

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# -2- Treatown PIN# 4730-48-6343 DATE Jan 17, 01

OWNER OR CONTRACTOR C & S Assoc. PHONE: Business 202-4971 Home

ADDRESS 4474 Lake Dr. Statesville Fork N.C. 28673

LOCATION State Park Rd. IR into Meadowglen to end Bear left on Shenandoah Loop on left

SUBDIVISION Meadowglen BLOCK / SECTION IV LOT 65 LOT AREA .47 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons. STB 823 Date 4-23-01
Pump Tank: 1000 Gallons. PT 302 Date 4-16-01
Pump Make: Zoeller Model N137.2 Serial No — 137000
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 28"

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI
System Description: pm - CONVENTIONAL
Repair System Description: ~~pm - Innovative - 25 Red~~
Maintenance Agreement Required: ☐ Yes ☑ No 50% Red. ☐ Other

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

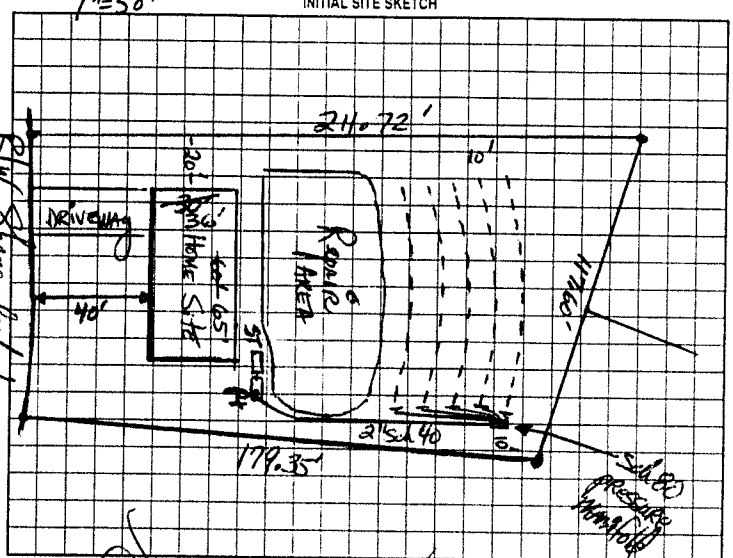
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: SYSTEM REPAIR ALTERED TO 50% REDUCTION TO ACCOMMODATE 36' WIDE HOUSE

Comments/Conditions: poly lok Filter Installed - Okay
- Septic Tank Risers Installed on Pump Tank - Okay
- PM check, + Nitrification Lines check - Okay

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: _____ date _____

Improvement Permit by: _____ date 1-17-01

Authorization to Construct by: STEVE HENDRICK date 2-14-01

Installed by: Rowan Septic

Operation Permit by: William O. Johnson date 8/24/01

Existing System Inspection by: _____ date _____

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