IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14-2-0800 PIN# 4730-48-6343 DATE Nov. 30,00

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

ADDRESS 4474 Lake Dr. Sherrills Ford NC. 28673

LOCATION State Park Rd. TR into Meadow Glen TL Valley Glen on Right 2nd from end

SUBDIVISION Meadow Glen BLOCK / SECTION IV LOT 61 LOT AREA u425 ACd SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8/14/99

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 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. (III) IV. V. VI.

System Description: Gravity PPBPS (Panel Block)

Repair System Description: pumped panel block

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

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

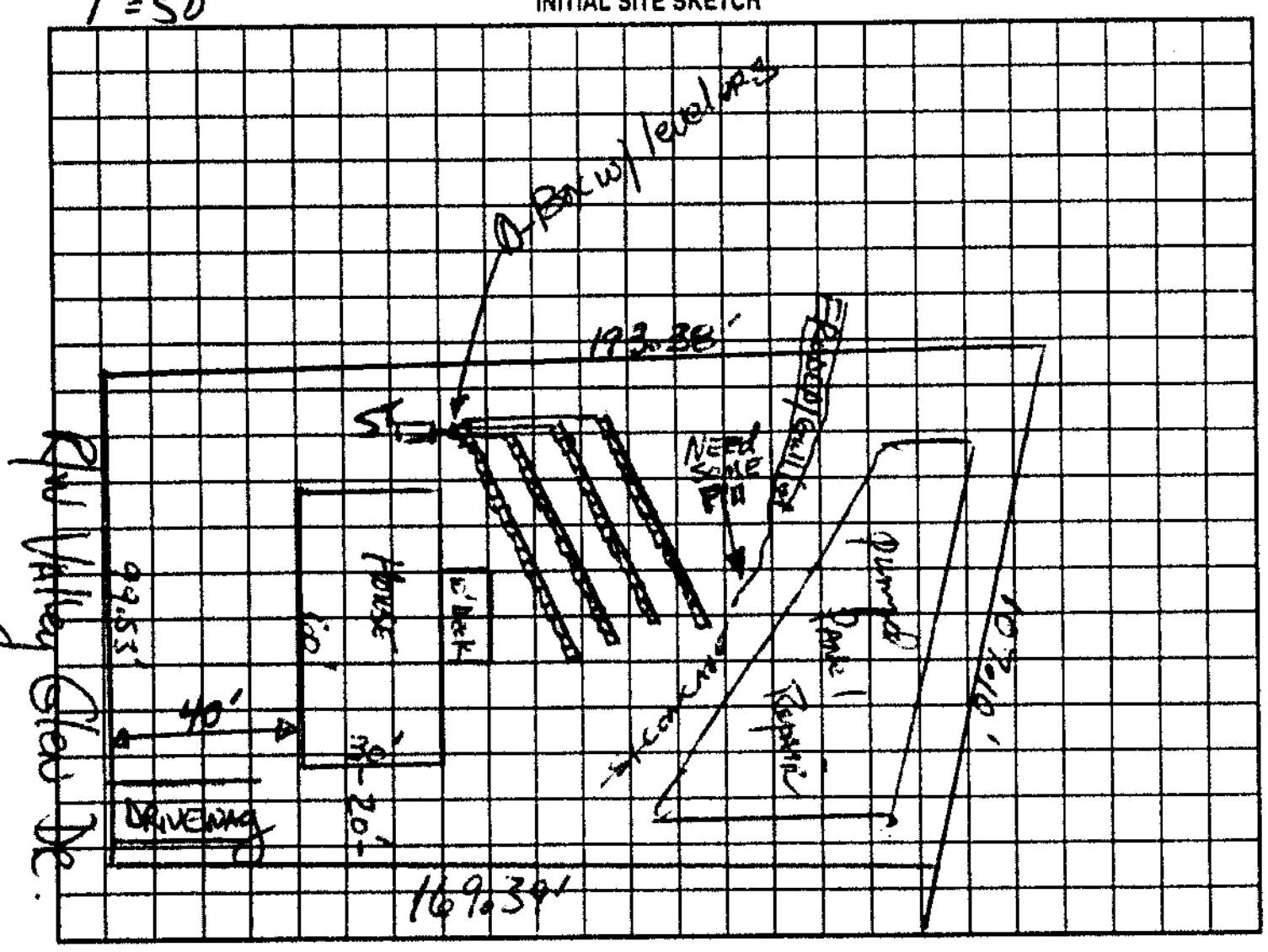
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: (1) PUMP SEPTIC TANK EVERY 3-5 YRS.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DESIGNED

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: [signature] date ______

Improvement Permit by: [signature], RS date 11-30-00

Authorization to Construct by: [signature] RSI date 1-17-01

Installed by: TOMMY FRYE

Operation Permit by: [signature] date 5/3/01

Existing System Inspection by: ______ date ______

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