100527

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- TRantman PIN# 4730-48-6343 DATE March 28, 01

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

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

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

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 11 LOT AREA .37 Ac. SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 6-20-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Innovative - 25% Red.
Repair System Description: LPP PBPS
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 _____

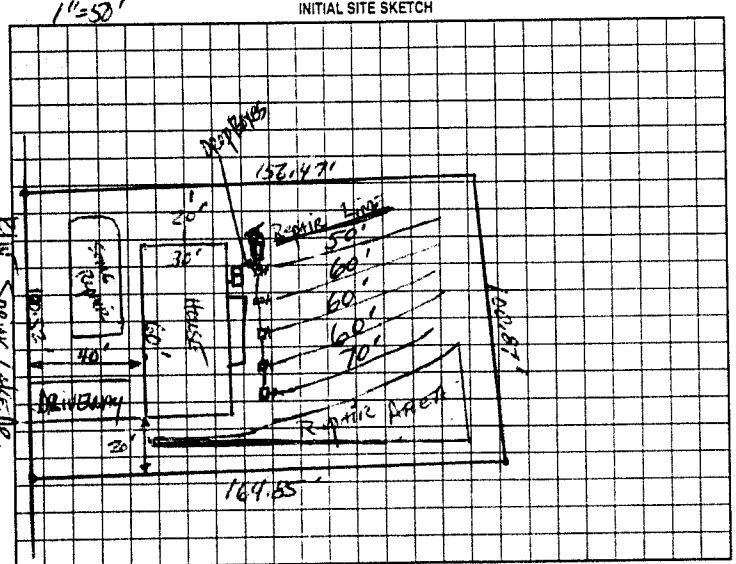
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions:

Comments/Conditions: ZABEL FILTER & MARKER 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: Megan Cecil date 4/2/01
Improvement Permit by: _____ date 3-28-01
Authorization to Construct by: _____ date 5/3/01

Installed by: M. Isbell Grading
Operation Permit by: _____ date 8-30-01
Existing System Inspection by: _____ date _____

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