#106224

# 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# 17-2-0900 PIN# 4730-48-6343 DATE Oct. 30, 01

OWNER OR CONTRACTOR C&S Aggr. PHONE: Business _____ Home _____

ADDRESS 4474 Lake Dr. Sherrills Ford N.C.

LOCATION State Park Rd TR Meadowglen Dr TL Spring Lake on Right

SUBDIVISION Meadowglen BLOCK / SECTION 4 LOT 78 LOT AREA .89 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 1-13-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

✓ New System Repair System Type I II III IV V VI
System Description: Gravity Innovative-35%Red.
Repair System Description: SAME
Maintenance Agreement Required Yes No
Gravel Depth NA Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

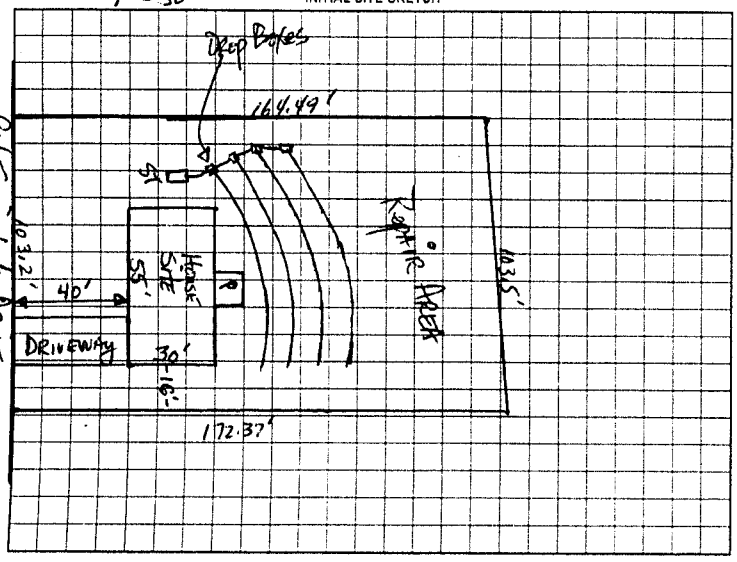
✓ House/Mod Home No. Bedrooms 3
Mobile Home No. Bathrooms 2
Business No Employees
Other

Water Supply: ☐ Individual ☒ Public ☐ Community

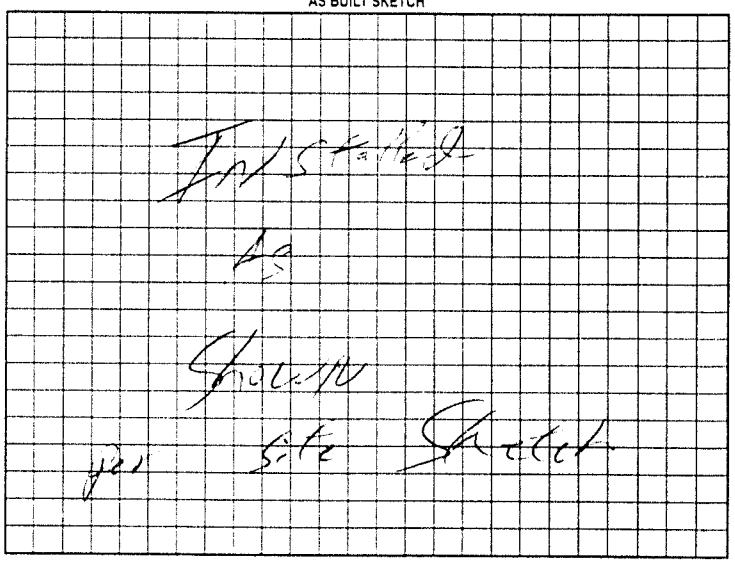
Comments/Conditions: Okay for 24'x 48' House (Log)

Comments/Conditions: STUBBED OUT W/CLEAN & CHANGED TANK
- Perk Tank Filter Installed
- Septic Tank Level Riser Installed
- Installed 36-10" EZ Caps

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: LaVerna Young / Barry Hurst date 11-14-01 Installed by: Mitchell Grading

Improvement Permit by: _____ date 10-30-01 Operation Permit by: William O. Johnson date 4/23/02

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