102184 3rd

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13-2-0800 PIN# 4730-48-6343 DATE Jan 31, 01

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

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

LOCATION State Park RD. TR into Meadow Glen TL Valley Glen on Right

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 62 LOT AREA .3731 SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons: STB 825 Date 8-14-01
Pump Tank: 1000 Gallons: P.T. 302 Date 7-11-01
Pump Make: Zoeller Model N137 Serial No.
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 6 Trench Width 24" 18" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM PPBPS
Repair System Description: LP PPBPS
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

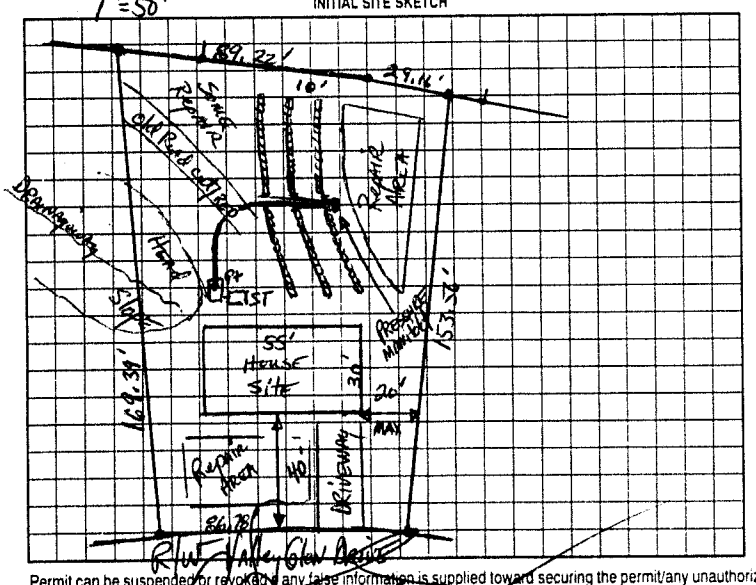
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: * 36" wide trenches, 9' ON CENTER may be used (Recommended)

Comments/Conditions: [redacted] - Pump Tank Riser Installed
- Poly Lok Filter Installed
- 2 ft wide, 9ft on Center - Panel Blocks Installed
- Pressure Check - OKay
- Alarm + Electrical Check - Okay 8/1/01

INITIAL SITE SKETCH

1" = 50'



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 1-31-01

Authorization to Construct by: _____ date 6-28-01

Installed by: Kayan Septic

Operation Permit by: _____ date 11/5/01

Existing System Inspection by: _____ date _____

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