100861

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# 18-2-0900 PIN# 4730-48-6343 DATE March 27, 01

OWNER OR CONTRACTOR [redacted] - Ginger (Rci) PHONE: Business 202-4971 Home

ADDRESS 4474 Lake Dr Sherrills Ford N.C. 28673

LOCATION State Park Rd. TR into Meadowglen TL Spring Lake Dr. 2nd Lt on Right

SUBDIVISION Meadowglen BLOCK / SECTION 4 LOT 74 LOT AREA .44 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4-2-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 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 Innovative-25% Red
Repair System Description: Gravelless Innovative
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

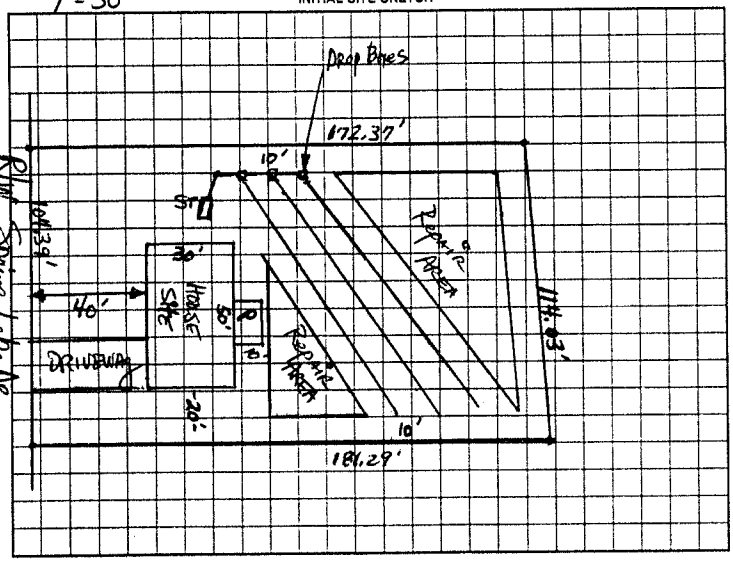
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

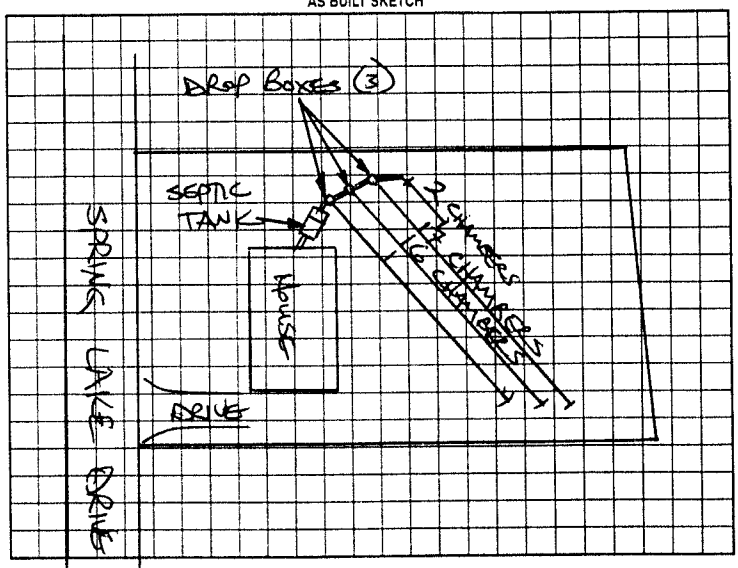
Comments/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER ② SYSTEM ALTERED AS SHOWN WITH HEALTH DEPARTMENT APPROVAL USING "INFILTRATOR" CHAMBERS

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: [signature] date 4/2/01 Installed by: ROWAN SEPTIC TANK

Improvement Permit by: [signature], RS date 3-27-01 Operation Permit by: STEVE HEDRICK date 6-6-01

Authorization to Construct by: [signature], RS date 4-2-01 Existing System Inspection by: _____ date _____

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