IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 33-5-010 PIN# 4730-48-6343 DATE Oct. 18, 01

OWNER OR CONTRACTOR C&S Assoc. / Orelund Inc. PHONE: Business _____ Home _____

ADDRESS 4474 LAKE DR. SHERRILLS FORD N.C. 28673

LOCATION STATE PARK RD TR on Meadow Glen DR TL Valley Glen on Right

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 63 LOT AREA .35 Ac. SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 11-11-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200

No Lines 2+2 Trench Width 24" min 18" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I II III IV V VI

System Description: GRAVITY PIPES

Repair System Description: LPP PIPES

Maintenance Agreement Required: ☐ Yes ☒ No W/ Tank

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

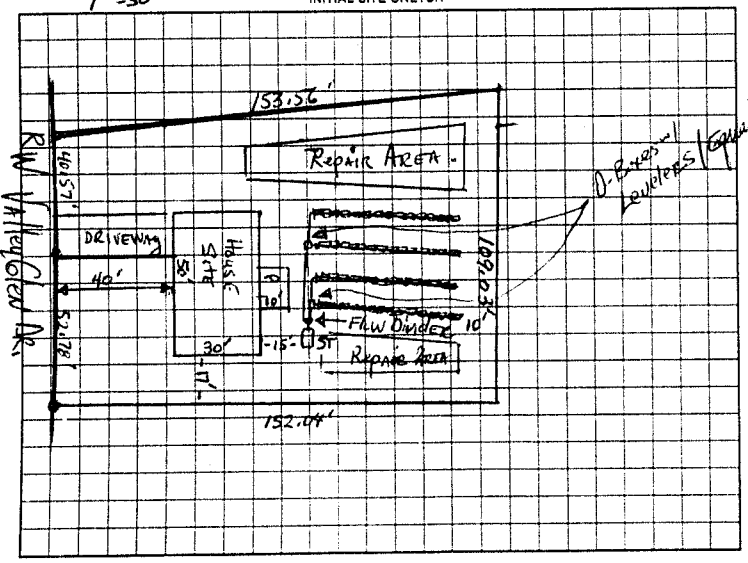
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: OR 36" MIN 9'OC

Comments/Conditions: POLYLOK FILTER + MARKER INSTALLED AS SHOWN DIST BOX SET WITH SPEED LEVELERS

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: La Verne Hamm date _____

Improvement Permit by: _____ date 10-18-01

Authorization to Construct by: _____ date 10-18-01

Installed by: ROWAN SEPTIC

Operation Permit by: _____ date 01-09-02

Existing System Inspection by: _____ date _____

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