#105372

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 330.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# -2- Trautman PIN# 4730-48-6343 DATE March 6, 02

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

ADDRESS 4474 Lake Dr Sherrills Ford // PO Box 3792 Mooresville

LOCATION State Park Rd TR into Meadow Glen TL Spring Lake Dr. 2nd lot on left

SUBDIVISION Meadow Glen BLOCK / SECTION _____ LOT 68 LOT AREA .936 Ac SITE CLASS PSapMS2 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons. STB 1007 Date 5-6-02
Pump Tank: 1000 Gallons: PT 274 Date 3-26-02
Pump Make Myers/WaterAce Model RS5-1 Serial No —
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 6 @ 34'± Trench Width 24" 8'o.c. Max Trench Bottom Depth 36" Gravel Depth NA

New System / Repair System Type I II III IV V
System Description: Dm- PPBFS
Repair System Description: LPPPAS
Maintenance Agreement Required: Yes / No Initially

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

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

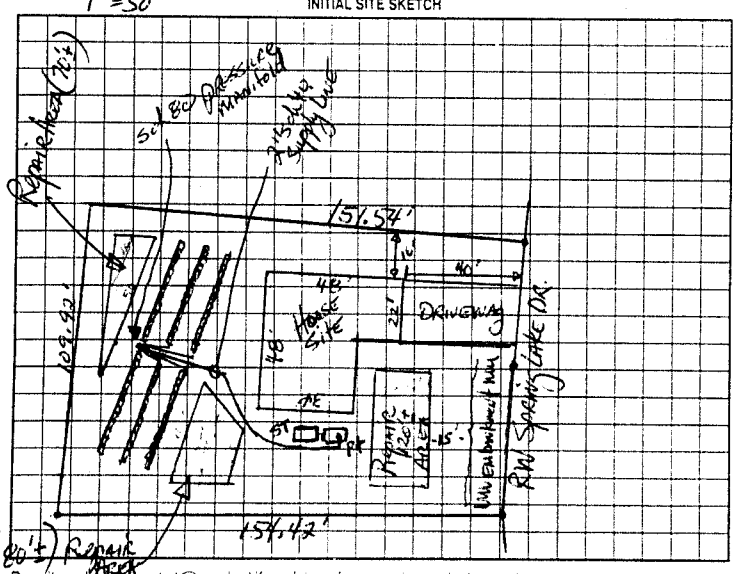
Water Supply: Individual / Public / Community

Comments/Conditions: Do not cut around house site. Excavate slab and backfill against foundation to provide positive drainage

Comments/Conditions: All inspections okay

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

Installed as per Shown 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 [signature] date 3-11-02 Installed by Sammy Shoemaker

Improvement Permit by: [signature] date 3-6-02 Operation Permit by [signature] date 6/28/02

Authorization to Construct by: [signature] date 3-6-02 Existing System Inspection by: _____ date _____

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