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# 10-2-0800 PIN# 4730-46-6343 DATE March 26, 01

OWNER OR CONTRACTOR C+S Assoc PHONE: Business 202-4971 Home

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

LOCATION State Park Rd TR into Meadowglen TL Valley Glen Dr. 1st lot on left

SUBDIVISION Meadowglen BLOCK / SECTION 4 LOT 53 LOT AREA ±3521 sq / SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 09/05/02 Date 825

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

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

No Lines 4 Trench Width 24"/60" Max Trench Bottom Depth 36"

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

System Description: Trinity PABS

Repair System Description: L PABS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

Gravel Depth ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

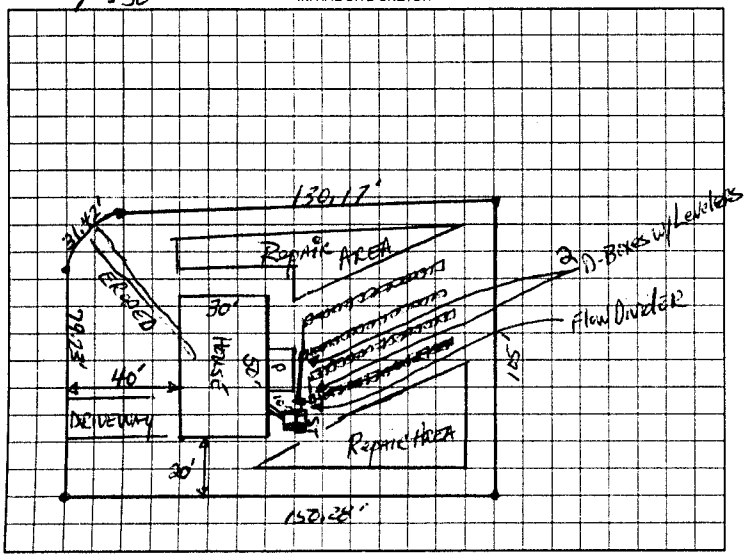
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: * Exit plumbing at existing grade where tank is shown. 3' wide trenches, 9' on center may be used.

Comments/Conditions: SEPTIC TANK INSTALLED USING POLY-LOC FILTER + SEPTIC MARKER. SYSTEM INSTALLED DURING WET SOIL CONDITIONS.

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN ~~IN 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 4/2/01

Improvement Permit by: [signature], PS date 3-20-01

Authorization to Construct by: [signature] date 09/09/02

Installed by: ROWAN SEPTIC

Operation Permit by: [signature] date 11/20/02

Existing System Inspection by: date

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