IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~04-P-05~~ 130092 (Freedman) PIN# ~~4730486348~~ 93346 DATE 6-29-05

OWNER OR CONTRACTOR C&S Assoc. Jim Purvis PHONE: Business _____ Home _____

ADDRESS 108 Westfield Place, Mooresville, N.C. 28115

LOCATION State Rd. Pvt. Rd. TR Meadow Glen Dr. to end on left

SUBDIVISION Meadow Glen BLOCK / SECTION IV LOT 110 Revised LOT AREA .60 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB RST 1000 Date 7-11-05
Pump Tank: _____ Gallons; PT 825 Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200
No Lines 3+3 Trench Width 24"min 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 1PBPS
Repair System Description: Gravity 1LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

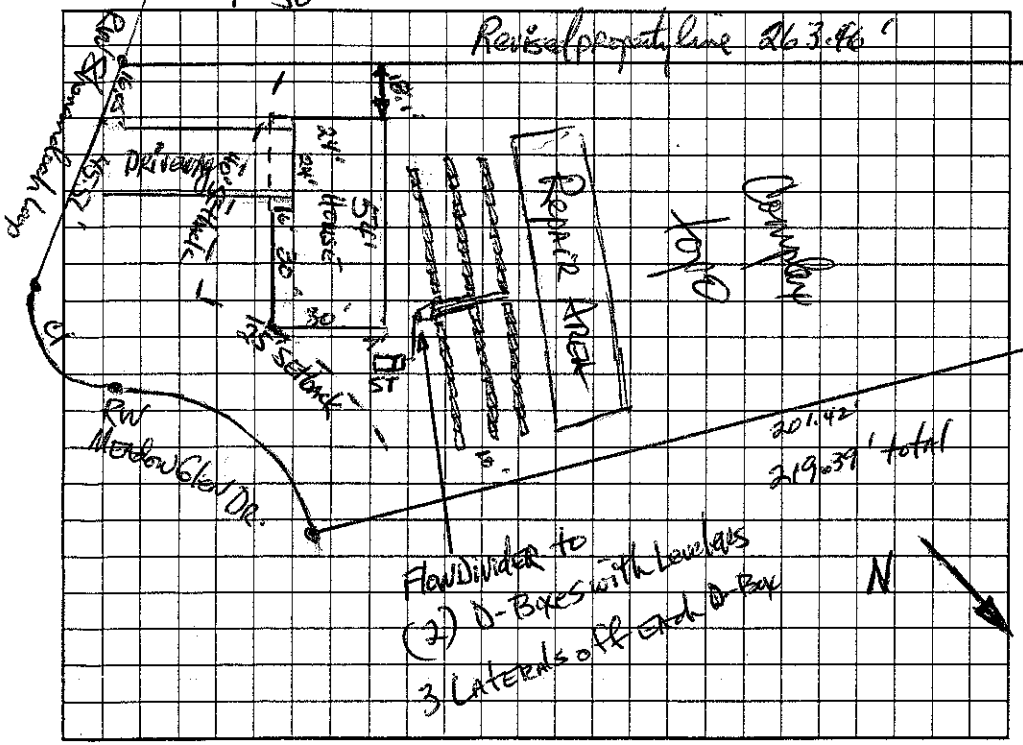
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: OR 36" max 9'oc

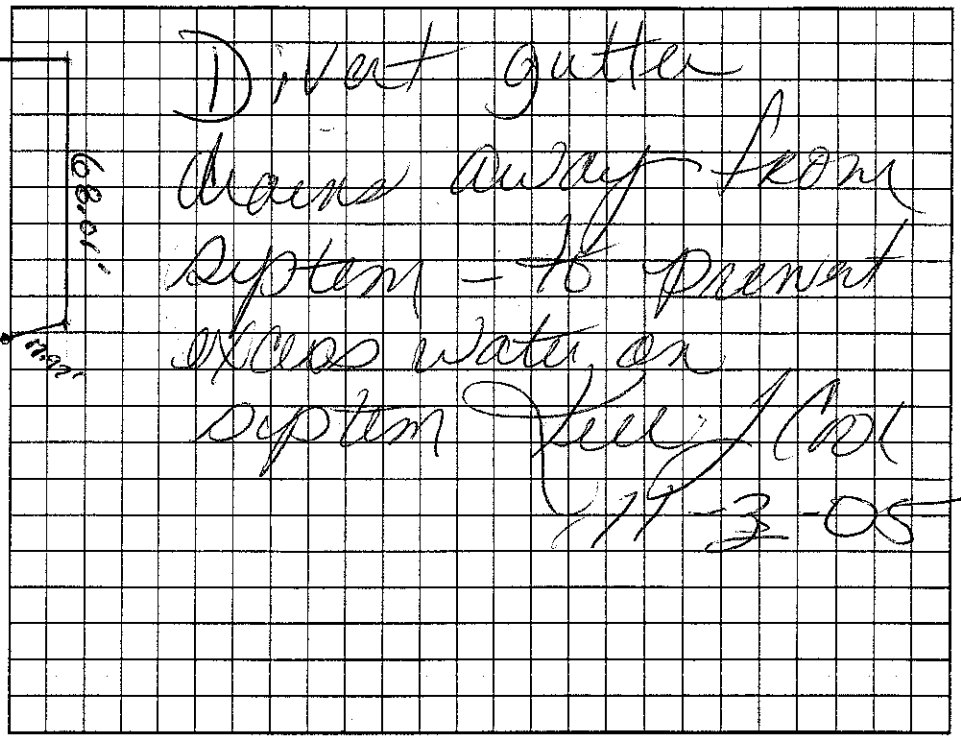
This permit has minimal space available for decks or patio!

Comments:/Conditions: Approved A 111'x28' HOUSE PLAN WITH 3 BEDROOMS. XTRA 4' ON DRIVEWAY SIDE OF HOUSE KEEPS HOUSE "BACK" IN SAME LOCATION & PUTS FRONT OF HOUSE ON FRONT P/L. MAINTAIN SETBACKS & KEEP FILL TO MIN.

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: _____ date _____ Installed by: J.T. Enterprise

Improvement Permit by: _____ date 6-29-05 Operation Permit by: _____ date 11-3-05

Authorization to Construct by: _____ date 7-18-05 Existing System Inspection by: _____ date _____

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