105947

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# 16-5-010 PIN# 4730-48-6343 DATE Aug 24, 01

OWNER OR CONTRACTOR C & S Associates PHONE: Business (704) 202-4971 Home

ADDRESS 4474 Lake Dr. Sherrills Ford NC 28673

LOCATION State Park Rd. TR Meadow Glen Dr. TR 1st (next) street TL Scotch Irish at end on Right

SUBDIVISION Meadow Glen BLOCK / SECTION 4 LOT 146 LOT AREA .7348 ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons STB 825 Date 3-3-02
Pump Tank: 1000 Gallons PT 302 Date 2-6-02
Pump Make: Zoeller Model N137 Serial No
Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200
No Lines 6@34'± Trench Width 24" min 60" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type I II III IV V VI
System Description: Centerfed pin PFBPS
Repair System Description: LP PSBPS
Maintenance Agreement Required: Yes ☑ No initially
Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

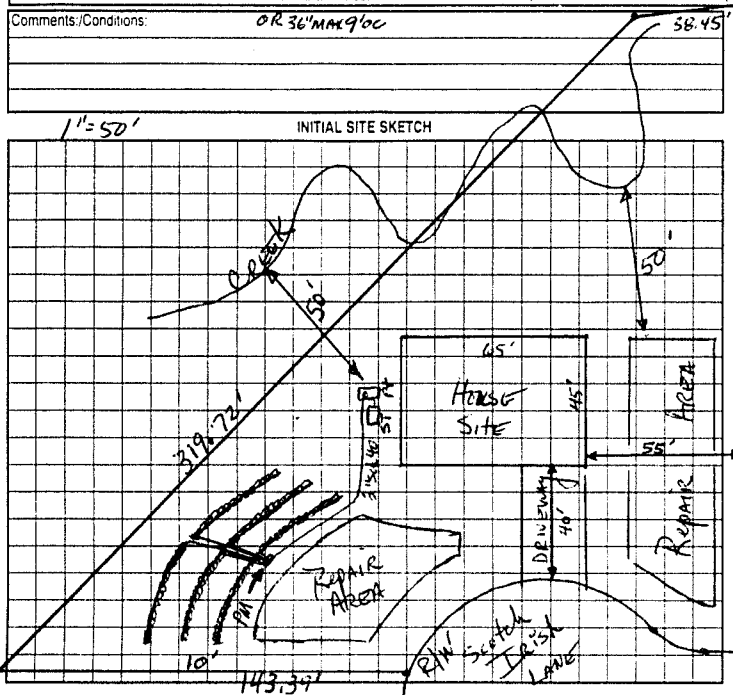
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: OR 36" MAX 9'OC

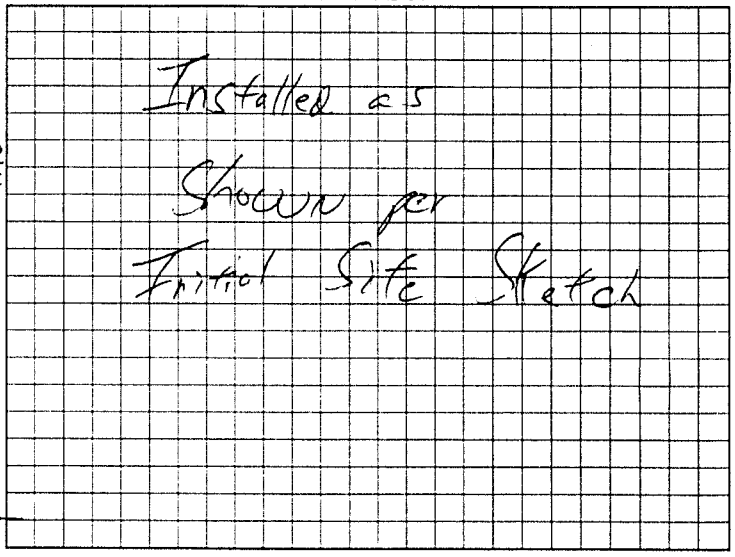
Comments/Conditions: - poly lok filter installed
- Lines okay, pressure check okay. 6/19/02 ejg
Electrical + alarm check.

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 8-27-01 Installed by: Rowan Septic

Improvement Permit by: [signature] date 8-24-01 Operation Permit by: [signature] date 6/24/02

Authorization to Construct by: [signature] date 9/4/02 Existing System Inspection by: date

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