IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 1-30-99

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

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

PERMIT# 07-Z-1498 108439 PIN# ~~4730-48-6343~~ 4730-57-0534 DATE 4-15-00

OWNER OR CONTRACTOR C & S ASSOCIATES LLC PHONE: Business (336) 475-4111 Home 202-4971 (M)

ADDRESS 904 SALEM ST, THOMASVILLE, NC 27360

LOCATION US 21 S, TR PERTH RD, TR STATE PARK RD, 7TH LOT ON RIGHT

SUBDIVISION MEADOW GLEN BLOCK / SECTION I LOT 21 LOT AREA 0.7246 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 4/11/03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 360+

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Depth SAND 6"

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, PPB'S, LOW PRES.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

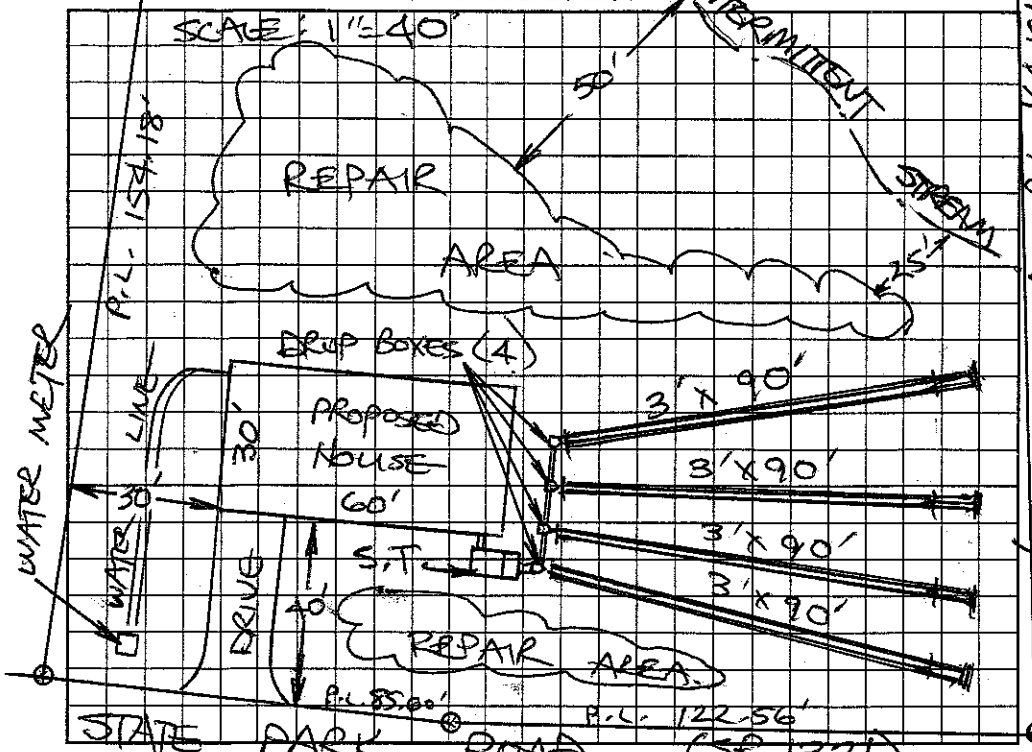
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM USING SIXTY (60) CHAMBERS OR THIRTY-SIX (36) HDS SECTIONS

Comments:/Conditions:

S.T. INSTALLED USING POLY-LOC FILTER & TANK MARKER.

INITIAL SITE SKETCH



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN ON 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: _____ date 5-9-00 Installed by: ROWAN SEPTIC

Improvement Permit by: STEVE HEDRICK date 4-15-00 Operation Permit by: _____ date 08/05/03

Authorization to Construct by: STEVE HEDRICK date 4-15-00 Existing System Inspection by: _____ date _____

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