936667

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 1-23-99

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

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

PERMIT# 07-2-1598 PIN# 4730-48-6343 (PT) DATE 4-15-00

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

ADDRESS 909 SALEM ST. THOMASVILLE, NC 27360

LOCATION US 21 S, TR PEATH RD, TR STATE PARK RD, 6TH LOT ON RIGHT

SUBDIVISION MEADOW GLEN BLOCK / SECTION I LOT 22 LOT AREA 23,169.23 SF SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FPE

Septic Tank: 1000 Gallons; STB 325 Date 2/30/01

Pump Tank: 1000 Gallons; PT 302 Date 1/20/01

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 60 to 440 Linear Feet 360

No. Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Min Depth SAND 6"

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

System Description: 25% REDUCTION, PUMP

Repair System Description: 50% REDUCTION, LOW PRES

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

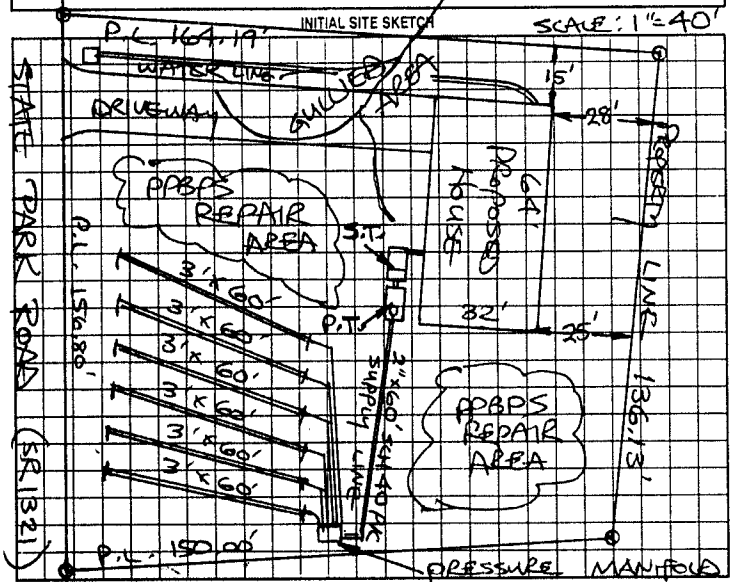
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

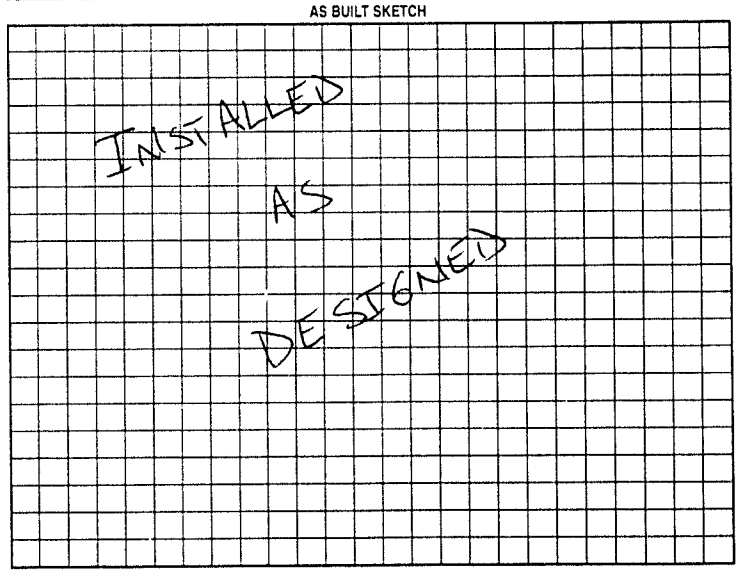
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING 60 CHAMBERS OR 36 HDS SECTIONS ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

Comments/Conditions: 4/5/01 - CHECKED DRAINLINES, NEEDS ELECTRICAL INSPECTION.
4/27/01 - ELECTRICAL CHECK

INITIAL SITE SKETCH SCALE: 1"=40'



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 5-9-00 Installed by: ROWAN SEPTIC

Improvement Permit by: STEVE HEDRICK date 4-15-00 Operation Permit by: [signature] date 4/27/01

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