Permit # 124588

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 07-2-1998 PIN# ~~4730-48-6343~~ PT 4730-50-6930 DATE 11/9/00

OWNER OR CONTRACTOR C+S Associates PHONE: Business (336) 475-4111 Home 202-4971 (M)

ADDRESS 904 Salem St. Thomasville NC 27360

LOCATION 215, R Perth, R State Park, on corner of Meadow Glen Dr.

SUBDIVISION Meadow Glen BLOCK / SECTION 1 LOT 129 LOT AREA 0.44AC. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB ~~825~~ 800 Date 12-21-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

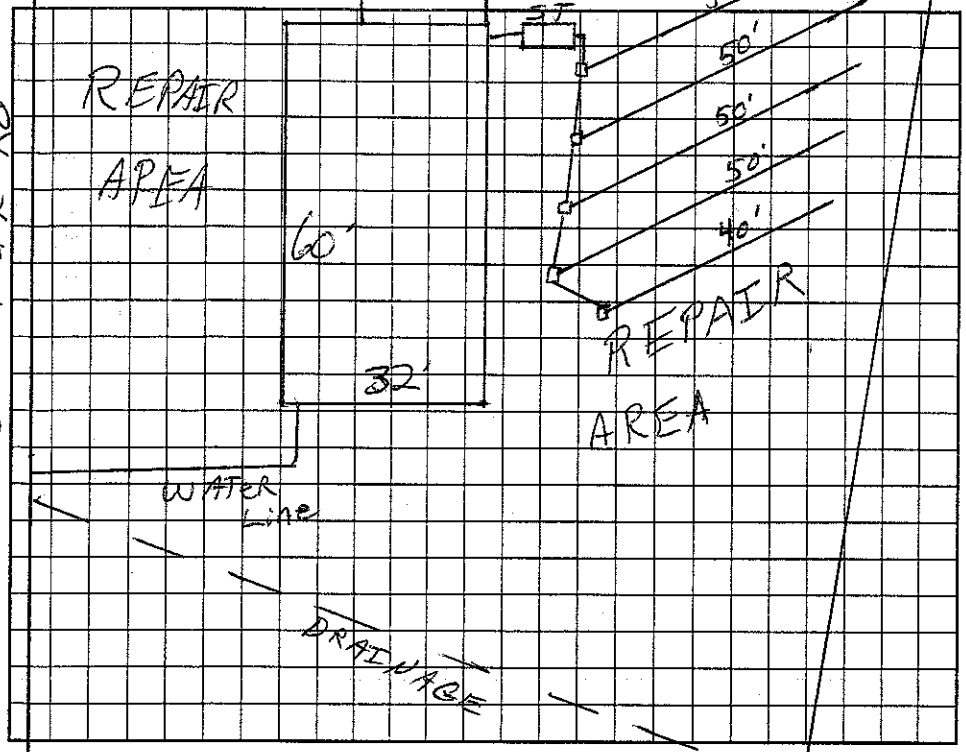
☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity PPBS
Repair System Description: ~~Grav/Pump~~ PPRS
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth —

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

Water Supply: ☐ Individual ☒ Public ☐ Community

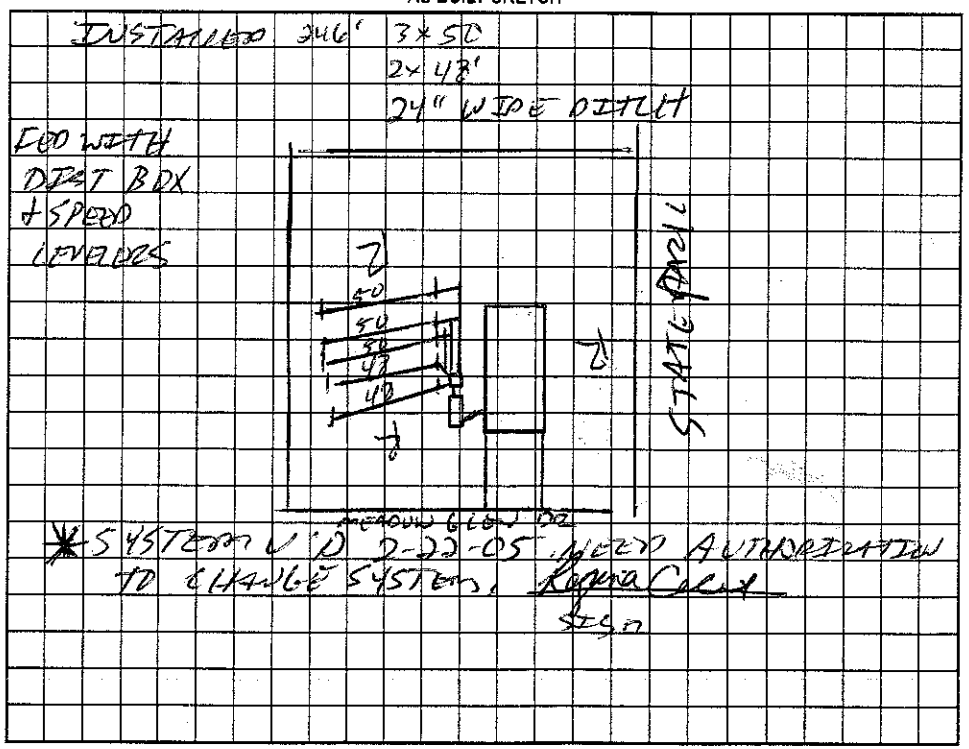
Comments:/Conditions: Meadow Glen DR.

INITIAL SITE SKETCH



Comments:/Conditions: POLYLOK FILTER + MARKER
INSTALLED B-4 DECK WAS BUILT. MAINTAIN SETBACKS
OFF FUTURE DECK

AS BUILT SKETCH



*SYSTEM W/D 2-22-05. NEED AUTHORIZATION TO CHANGE SYSTEM. Ronna Cecil

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: Ronna Cecil date 11/5/00 Installed by: ROWAN SEPTIC

Improvement Permit by: [signature] RST date 11/9/00 Operation Permit by: [signature] date 2-22-05

Authorization to Construct by: [signature] RST date 11/9/00 Existing System Inspection by: _____ date _____

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