THIS PERMIT VOIDS PREVIOUS ISSUED 1-23-99

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07-Z-2098 PIN# 4730-48-6343 DATE 5-13-99

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

ADDRESS 904 SALEM ST., THOMASVILLE, NC 27360

LOCATION US 21 S, TR PERTH RD, TR STATE PARK RD, 1ST LOT ON RIGHT

SUBDIVISION MEADOW GLEN BLOCK / SECTION LOT 130 LOT AREA 17,614.63 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 4-1-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Eq. T. 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

(V) New System ( ) Repair System Type: I, II, (III), IV, V, VI

System Description: PPBPS GRAVITY-FED

Repair System Description: PPBPS, LOW PRESSURE

Maintenance Agreement Required: ( ) Yes (V) No

(V) House/Mod. Home No. Bedrooms 3

( ) Mobile Home No. Bathrooms 2

( ) Business No. Employees

( ) Other

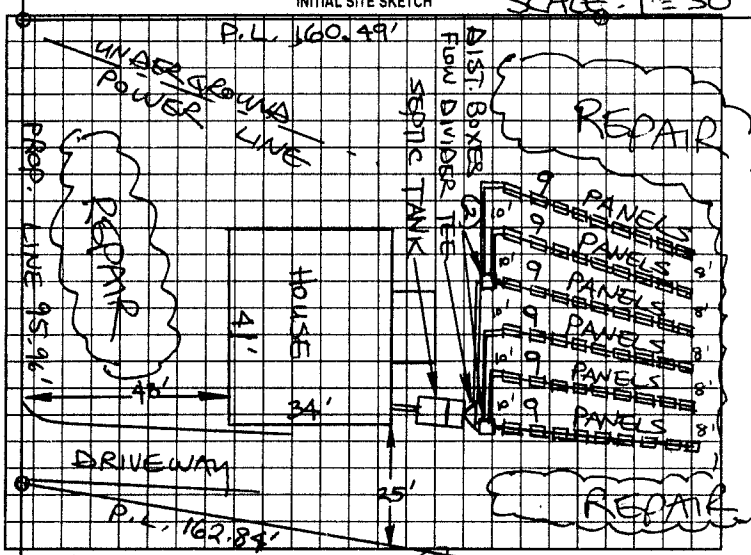
Water Supply: ( ) Individual (V) Public ( ) Community

( ) Slab (V) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

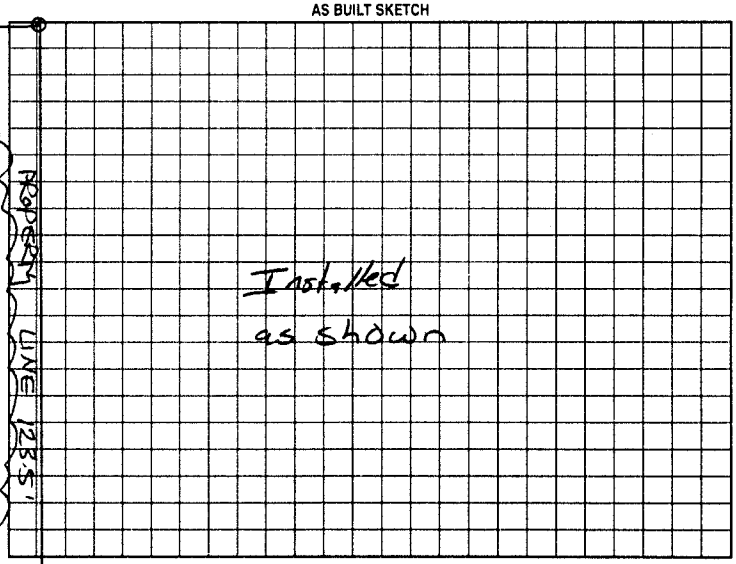
Comments/Conditions: ① INSTALL FIFTY-FOUR (54) PPBPS PANELS IN SIX EQUAL LENGTH LINES ON CONTOUR AS FLAGGED ② USE ONE FLOW DIVIDER TEE TO FEED TWO DIST. BOXES.

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 30'



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 5-14-99 Installed by: Rowan Septic

Improvement Permit by: STEVE HEDRICK date 5-13-99 Operation Permit by: Mat Coffey date 5-18-99

Authorization to Construct by: STEVE HEDRICK date 5-13-99 Existing System Inspection by: _____ date _____

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