704 526-1119 CI 315.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~08-P-02-04~~ 127539 PIN# ~~4730480453~~ 4730-58-4430 DATE June 14, 04

OWNER OR CONTRACTOR Cecil Stamey LLC PHONE: Business ______ Home ______

ADDRESS 108 Westfield Center, Mooresville N.C. 28115

LOCATION State Park Rd TR into Meadowglen TR 1st street TR Scotch Irish 5th lot on Right

SUBDIVISION Meadowglen BLOCK / SECTION 4 LOT 134 LOT AREA .367 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 1-11-05
Pump Tank: 1000 Gallons; PT 17 Date 7-13-04
Pump Make: Goulds Model WE0712H Serial No. E032804
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240
No Lines 3@80' Trench Width 24" min 8/02 Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LPPBDS
Repair System Description: LPPBDS
Maintenance Agreement Required: ☑ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

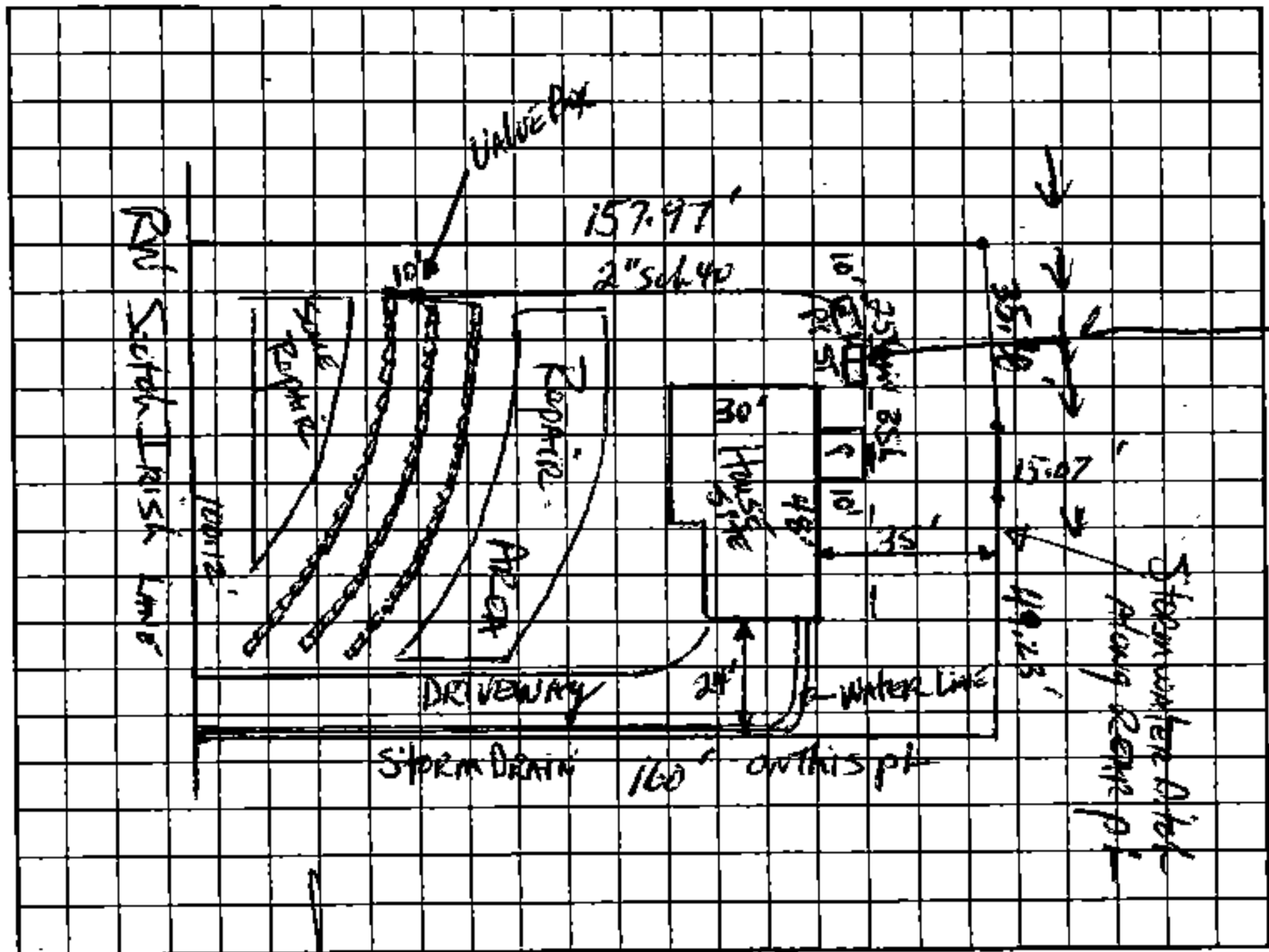
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Sup
☐ Individu
☑ Public
☐ Comm

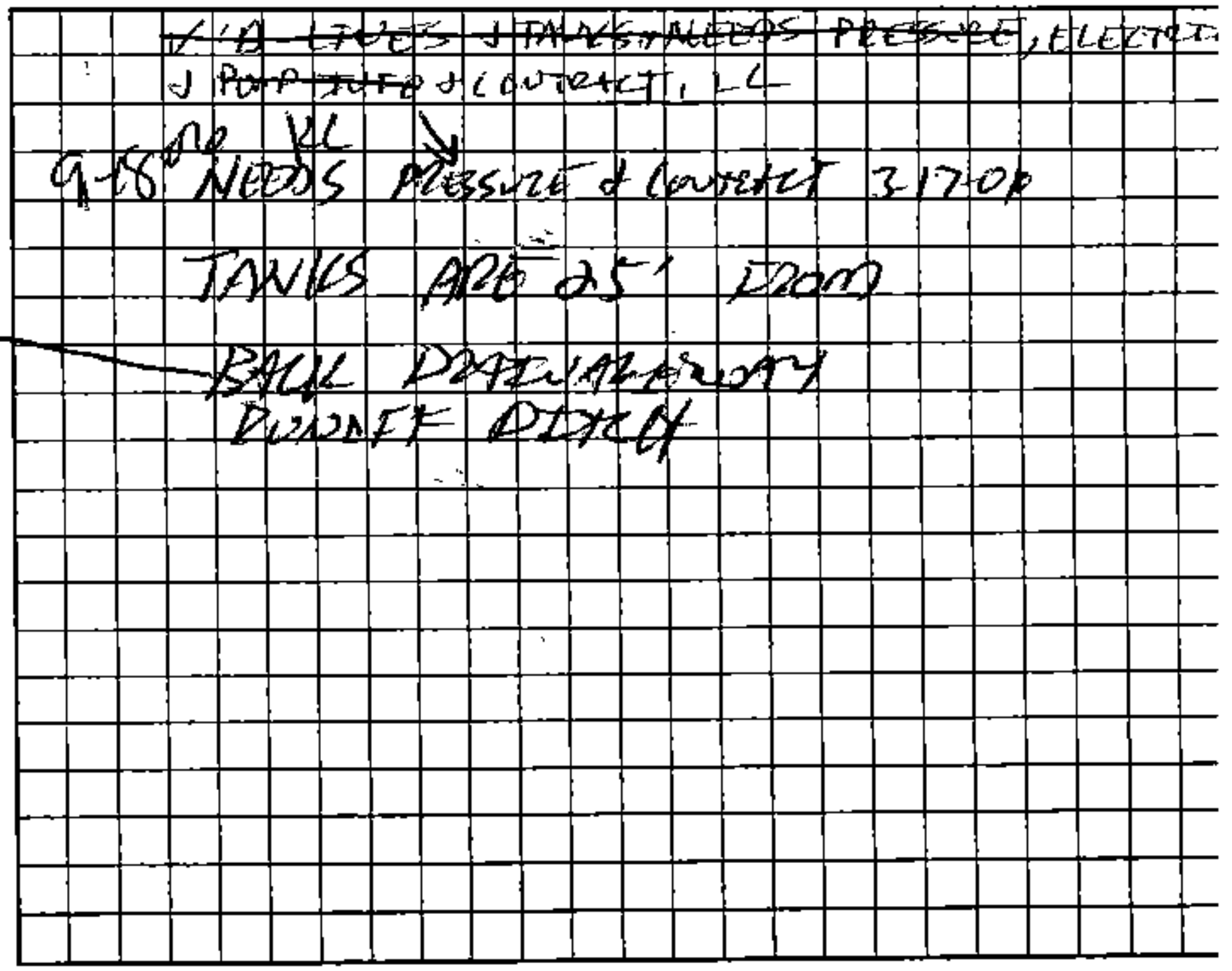
Comments:/Conditions: Inline filter Required in pump tank. 55 panels total; one 3/16" hole per panel; 3' design pressure head 40 gal/min @ 27' TDHead pump requirement.

Comments:/Conditions: TUFF TITE FILTER + MARKER

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. Improve 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 6-14-04
Improvement Permit by: ______ RS date 6-14-04
Authorization to Construct by: ______ RS date 6-14-04

Installed by: Steve Jordan
Operation Permit by: ______ date 9/25/06
Existing System Inspection by: ______ date / /

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