IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 103514 PIN# 4749-03-1519

OWNER OR CONTRACTOR UNITED PROPERTIES GROUP LLC PHONE: Business 704-400-1761 Home 704-876-3289 DATE 5-3-02

ADDRESS 6805 MORRISON BLVD SUITE 370, CHARLOTTE, NC 28212

LOCATION NC115N, TR S. CHIPLEY FORD RD, TR SNOW CREEK RD, TL STAGECOACH LANE, TO END AT RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 75.41 ACRES SITE CLASS CS DESIGN FLOW 100 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 3-30-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 330 Linear Feet 110

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other HORSE BARN

No. Bedrooms 4 No. Bathrooms 1 No. Employees ____

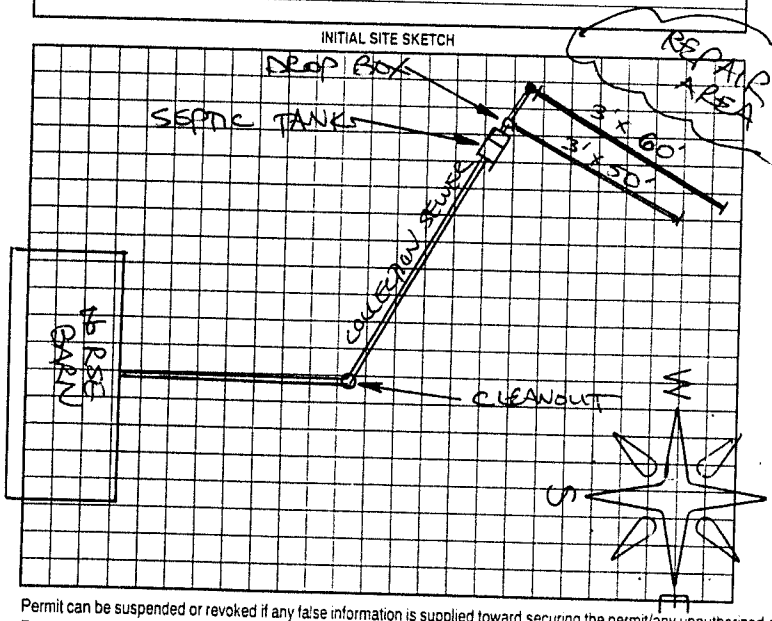
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

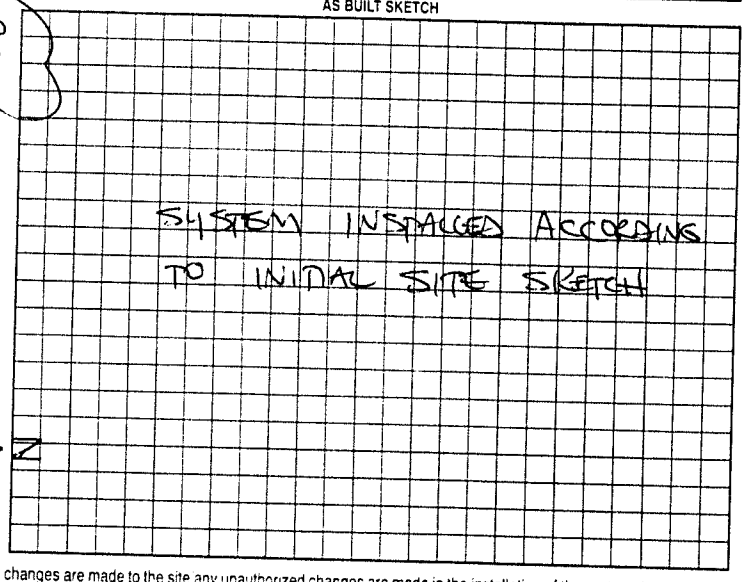
Comments/Conditions:

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER

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. 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: Ronald K _____ date 5/3/2

Improvement Permit by: STEVE HEDRICK date 5-3-02

Authorization to Construct by: STEVE HEDRICK date 5-3-02

Installed by: KENNY MADISON

Operation Permit by: STEVE HEDRICK date 5-3-02

Existing System Inspection by: _____ date _____

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