IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 7-30-01

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

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

PERMIT# 100682 PIN# 4741-78-5455 DATE 8-4-09

OWNER OR CONTRACTOR CEDAR CROFT HOMES PHONE: Business 704-895-0556 Home 704-363-7360

ADDRESS P.O. BOX 99, DAVIDSON, NC 28036

LOCATION US 21 S, TL MURDOCK RD, TR HOOVER RD, TL MARTHA'S VINEYARD DR, TR PAINTED BUNTING DR 3RD LOT ON RIGHT

SUBDIVISION MARTHA'S VINEYARD BLOCK / SECTION II LOT 39 LOT AREA 0.798 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-19-09

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ 1200 Linear Feet 300

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

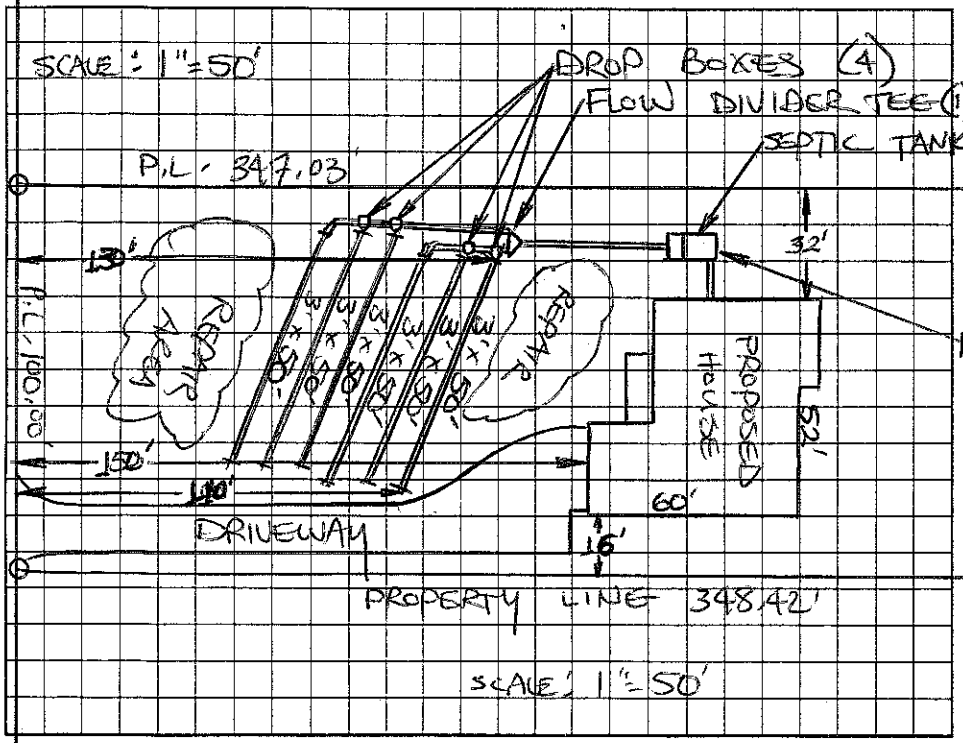
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

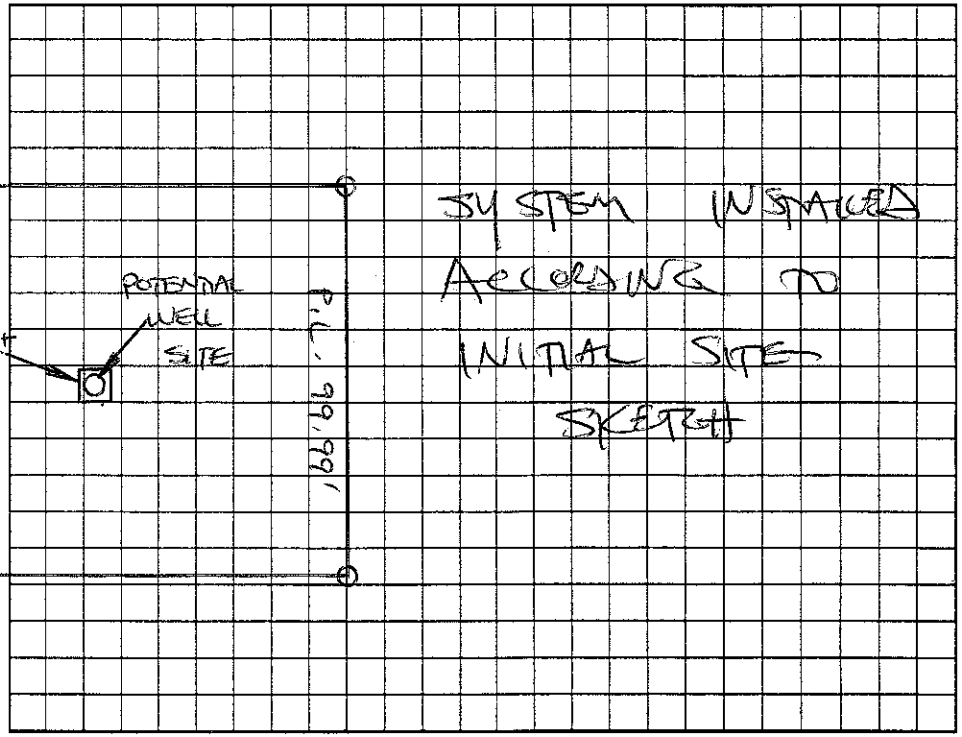
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN. KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" 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: _____ date 8/6/09 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 8-4-09 Operation Permit by: STEVE HEDRICK date 11-29-09

Authorization to Construct by: STEVE HEDRICK date 8-4-09 Existing System Inspection by: _____ date _____

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