IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 125.00 Paid / MOORESVILLE 704-664-5281

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

PERMIT# 103126 PIN# 4753-52-0076.4

OWNER OR CONTRACTOR M.B. Cline PHONE: Business _____ Home _____ DATE Jan 29, 02

ADDRESS 141 Cedar Lake Dr. Statesville N.C. 28625

LOCATION 70 East TR Third Creek Road on left

SUBDIVISION Third Creek BLOCK / SECTION _____ LOT 4 LOT AREA .52ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 2-19-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I II ☒ IV V VI
System Description: Gravity Innovative -25% Red.
Repair System Description: Gravelp PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

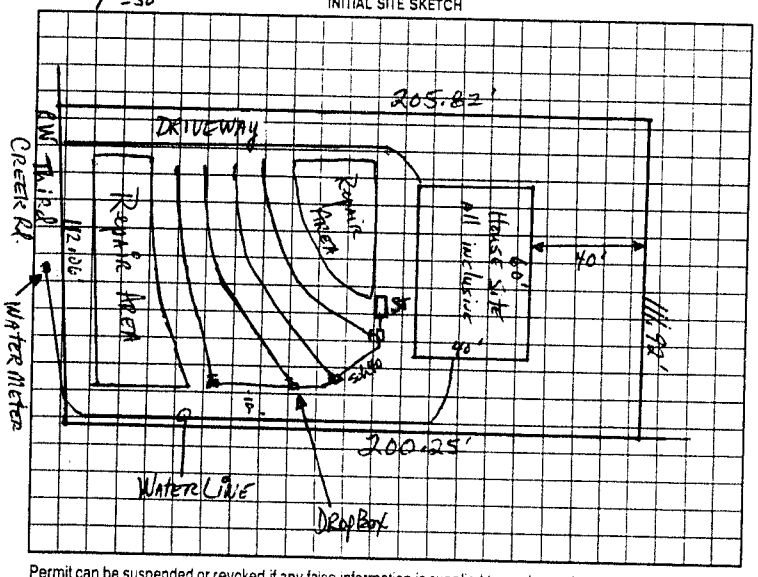
☒ House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

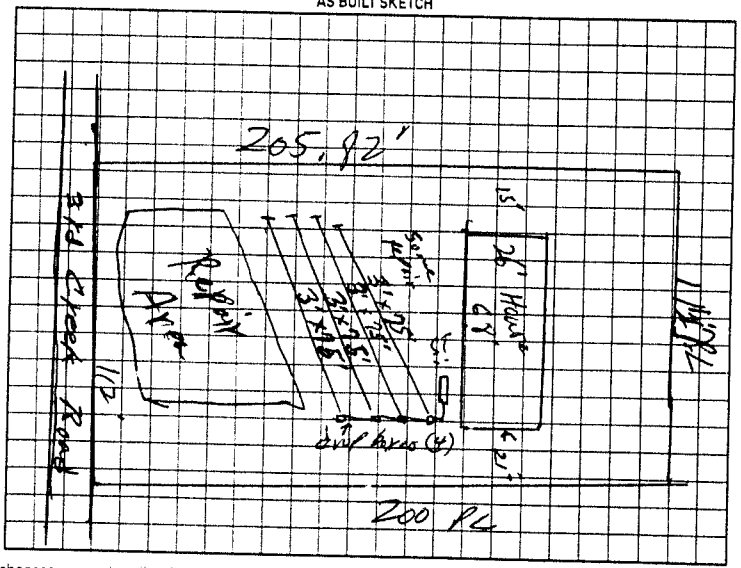
Comments/Conditions: 46'x 28' House NO GARAGE

Comments/Conditions: - Poly lok filter installed
- 4ft Infiltrative Chamber Installed
26 x 66

1"=50' 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: M B Cline

Improvement Permit by: _____ date 1-28-02

Authorization to Construct by: _____ date 02-27-02

Installed by: Rowan Septic

Operation Permit by: William O. Johnson date 5/28/02

Existing System Inspection by: _____ date _____

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