IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103124 PIN# 4753-52-0076.2 DATE Dec 21,01

OWNER OR CONTRACTOR M B Cline PHONE Business _____ Home _____

ADDRESS 141 Cedarlake Dr. Statesville NC

LOCATION 70 EAST from Statesville IR Third Creek RD. ON left at jct w/ Morning Dew Dr.

SUBDIVISION Third Creek BLOCK / SECTION _____ LOT 2 LOT AREA .53 Ac SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 01-30-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity conventional
Repair System Description: Conv/LP APPS/or LP 25%Red
Maintenance Agreement Required: ☐ Yes ☑ No

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

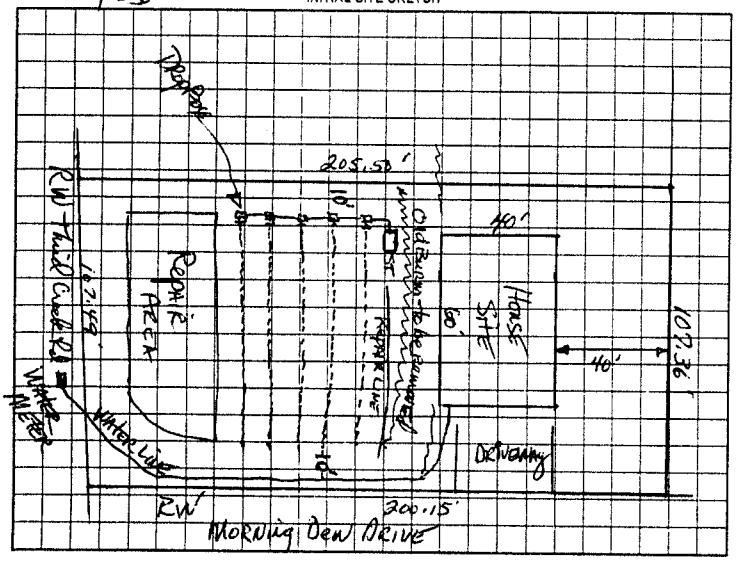
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:
"Shave off" (Remove) old barn, 58'x 31' House

Comments/Conditions PULYLOIC FILTER & MANICER

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

LINES ARE 15' OFF TOP OF CUT EMBANKMENT.
DO NOT CUT ANYMORE DURING LANDSCAPING OR MAY BLEAD OUT.

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 date 1-31-02 Installed by: ROWAN SEPTIC

Improvement Permit by: Mark Huffman RS date 12-21-01 Operation Permit by: Jim Cook RS date 05-03-01

Authorization to Construct by: Jim Cook RS date 02-27-02 Existing System Inspection by: _____ date _____

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