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# 103127 PIN# 4753-52-0076.5 DATE Jan 28,02

OWNER OR CONTRACTOR M.B. Cline PHONE Business _____ Home _____

ADDRESS 141 Cedar Lake Dr. Statesville NC 28625

LOCATION 70 East TR Third Creek Rd TL Morning Dew Drive on Right

SUBDIVISION Third Creek BLOCK / SECTION _____ LOT 5 LOT AREA .59 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 09/24/02
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" Gravel Depth NA

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: # Gravity Innovative .25% Red.
Repair System Description: Gravity/LP PMP
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

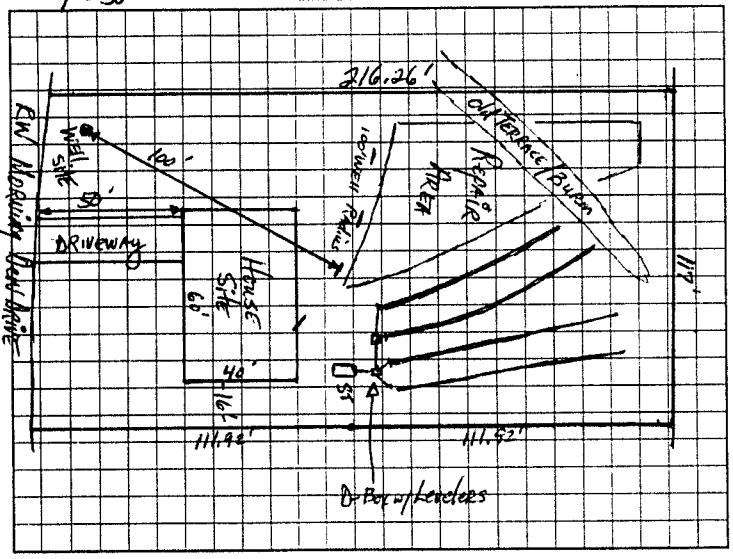
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: Remove (shave-off) old terrace/berm. *Do not cut/lower house site. Exit plumbing at right rear of house 42'x24' HOUSE PLAN

Comments/Conditions: SEPTIC TANK INSTALLED USING POLY-LOC-FILTER.

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

*SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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 date 1-31-02 Installed by: ROWAN SEPTIC

Improvement Permit by: [signature] RS date 1-26-02 Operation Permit by: [signature] date 11/22/02

Authorization to Construct by: [signature] RS date 02-27-02 Existing System Inspection by: _____ date _____

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