IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Pg. 9 MOORESVILLE 704-664-5281

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

PERMIT# 103150 PIN# ~~4753-52-0076.19~~ 4753-41-7917 DATE Feb 14, 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 Dr. on left

SUBDIVISION Third Creek ~~PHASE~~ BLOCK SECTION 2 LOT 19 LOT AREA 1.541 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 10/30/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity Innovative-25% Red.

Repair System Description: 3 LPPPBRS

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~ Initially

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

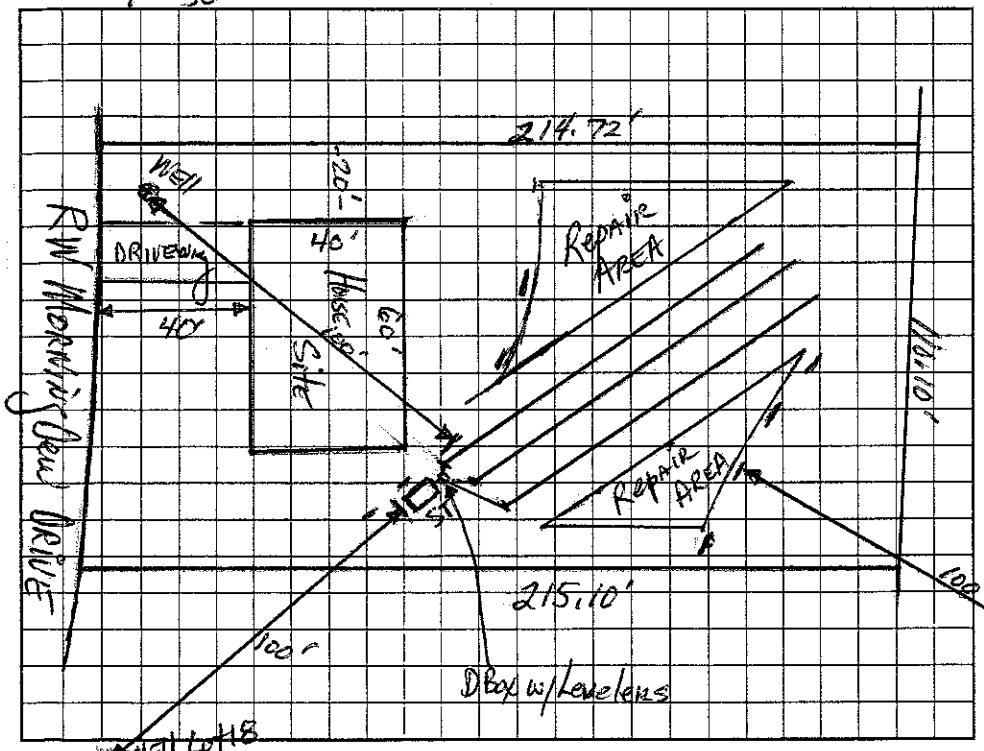
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: 54'X32' HOUSE PLAN

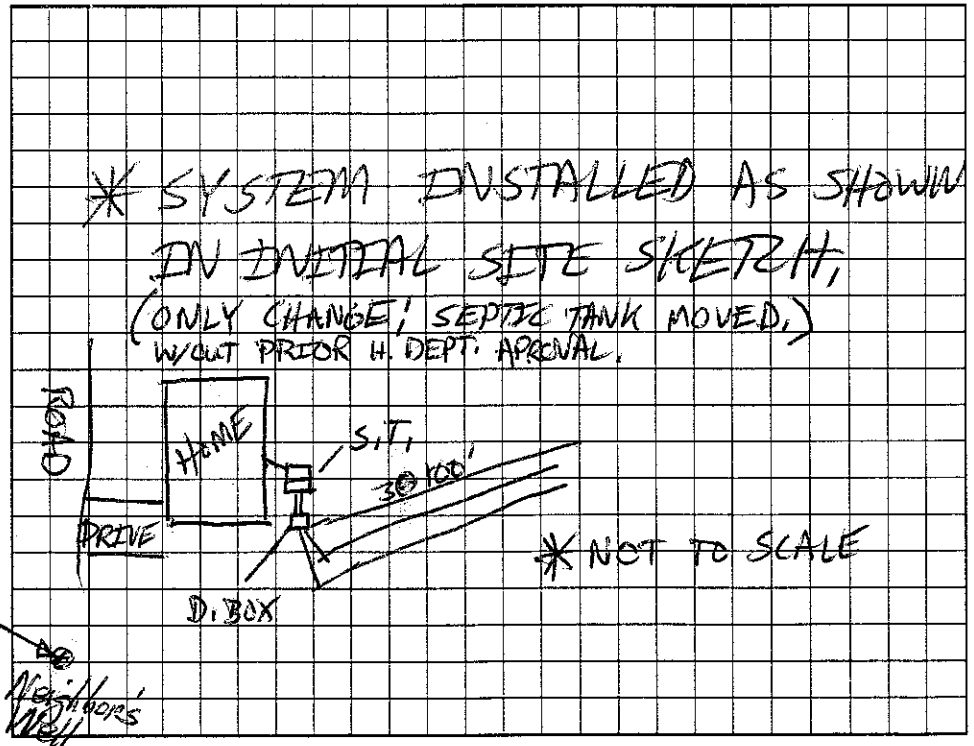
Comments/Conditions: SEPTIC TANK INSTALLED USING POLY-LOC-FILTER

INITIAL SITE SKETCH

1" = 50'



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 plot 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 2/22/02 Installed by: ROWAN SEPTIC

Improvement Permit by: Mark D. Hinson IRS date 2-14-02 Operation Permit by: Patrick Mitchell date 01/28/03

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

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