# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $155.00 Paid (704) 838-0013 MOORESVILLE 704-664-5281

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

PERMIT# 103149 PIN# 4753-52-0076.18 DATE Feb 14, 02

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

ADDRESS 141 Cedar Lake Dr. Statesville NC 28625

LOCATION To East TR Third Creek Rd. TL Morrow Mtn Dr. on left

SUBDIVISION Third Creek BLOCK / SECTION _____ LOT 18 LOT AREA ± 5.54 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. ± 3

Septic Tank: 1000 Gallons; STB B25 Date 12-11-01
Pump Tank: 1000 Gallons; PT 1-11-02 Date 302
Pump Make. ZOELLER Model N-137 Serial No 137
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 6 @ 35'± Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: OM - PPBRS
Repair System Description: LP PPBRS
Maintenance Agreement Required: ☐ Yes ☑ No Initially
Gravel Depth NA ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

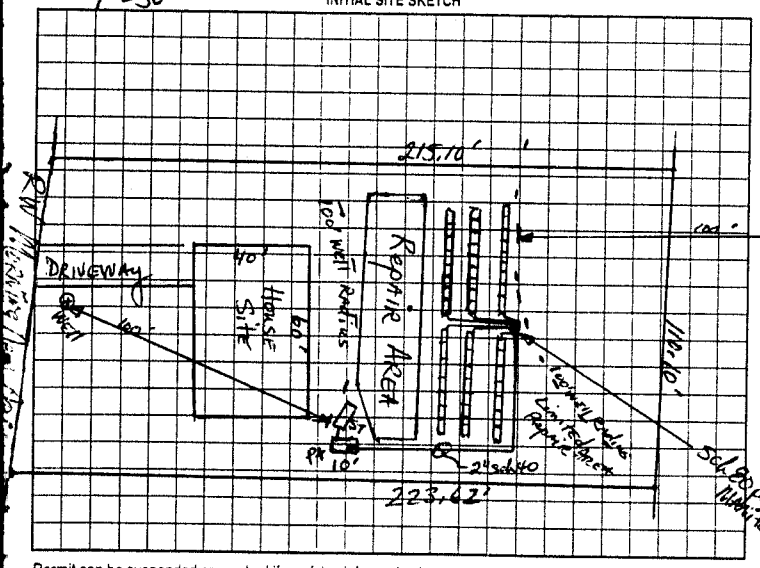
☐ House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

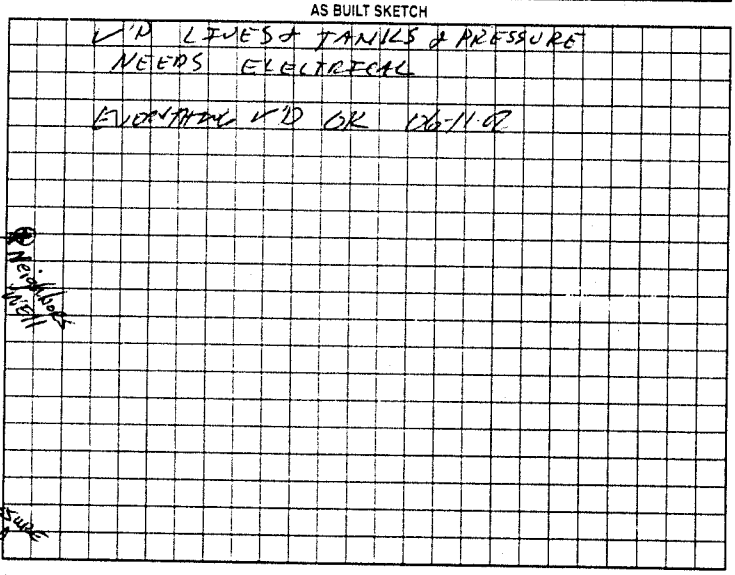
Comments/Conditions: 50'x 32' HOUSE FLIP FLOP PLAN

Comments /Conditions POLYLOK FILTER & RISERS

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 2/22/02 Installed by: RUWN SEPTIC

Improvement Permit by: _____ date 2-14-02 Operation Permit by _____ date 06-11-02

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

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