IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (704) 538-0013 MOORESVILLE 704-664-5281

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

$155.00 Paid

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 Morrison Town Rd. on left

SUBDIVISION Third Creek BLOCK / SECTION _____ LOT 18 LOT AREA .554 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB B25 Date 2-11-02
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" Gravel Depth NA

New System ☐ Repair System Type: I II III IV V VI
System Description: PM - SPBRS
Repair System Description: LPP PBRS
Maintenance Agreement Required Yes No Initially

House/Mod Home No Bedrooms 3
Mobile Home No. Bathrooms 2
Business No Employees
Other
Slab Crawl Space Basement w/plumbing Basement wo/plumbing

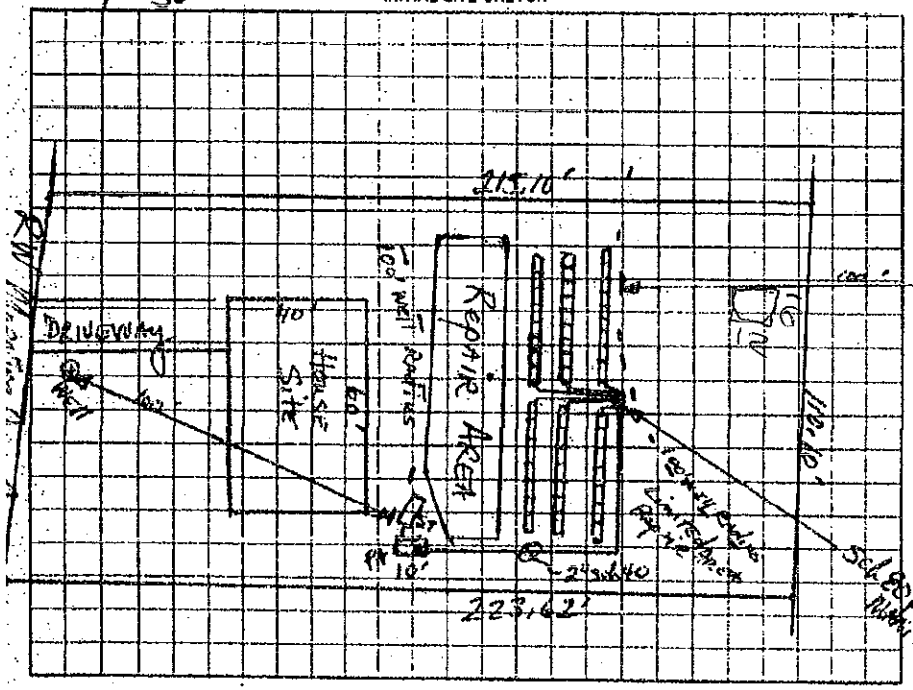
Water Supply: Individual ☐ Public ☐ Community

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

Comments/Conditions: Polylok Filter & Risers

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

W/M LINES & TANKS & PRESSURE MANIFOLD NEEDS ELECTRICAL

EVERYTHING ELSE OK 126-11-02

The proposed OUT BUILDING addition does not appear to impact the existing septic system.

**NOTE: _____

E. Steve Hendrick REHS

Date: MAY 12 2010

ICHD-Environmental Health Division

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 R.L.W. 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

JAN. 11, 1989 16:31