IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid CI MOORESVILLE 704-664-5281

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

PERMIT# 10312B PIN# 4753 52 0076.6 DATE Jan 29, 02

OWNER OR CONTRACTOR M.B. CLINE PHONE Business Home

ADDRESS 141 Cedar Lake Dr. Statesville N.C. 28625

LOCATION 70 East TR Third Creek RD. TL Morning Dew Dr. on Right

SUBDIVISION Third Creek BLOCK / SECTION LOT 6 LOT AREA .56Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons: STB 825 Date 2-25-02

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 4@80 Trench Width 36" Trench Bottom Depth 36"

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

System Description: PM - Innovative -25% Red.

Repair System Description: LP PPBPS

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

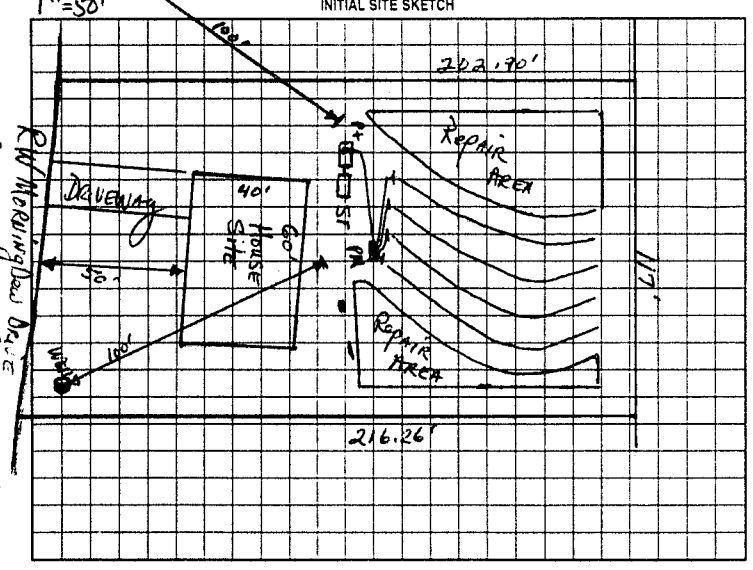
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community

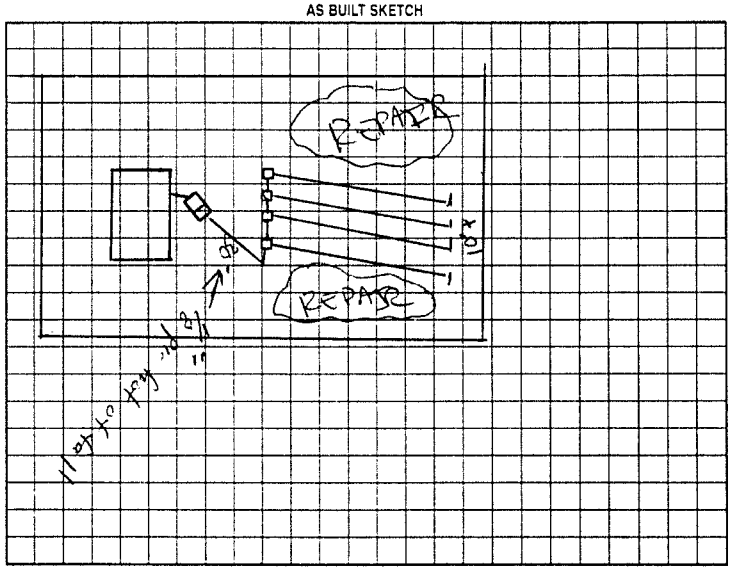
Comments/Conditions: Install Laterals at 36" from bottom depth
House size 46' x 28'

Comments/Conditions: POLYLOK FILTER + MACHER CHANGED TO GRAVITY

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: M B Cline date 1-31-02 Installed by: ROWAN SEPTIC

Improvement Permit by: [signature] IRS date 1-29-02 Operation Permit by: [signature] RS date 04-23-02

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