IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $55.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 103131 PIN# 4753-52-0076.7

OWNER OR CONTRACTOR M.B. Cline PHONE: Business _____ Home _____ DATE Feb 1, 02

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

LOCATION 7 East TR Third Creek Rd. TL Morning Dew Drive on Right

SUBDIVISION Third Creek BLOCK / SECTION _____ LOT 7 LOT AREA .539 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2-8-02

Pump Tank: 1000 Gallons; PT 302 Date 1-08-02

Pump Make: Zoeller Model 98B Serial No 98.000 B

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: AM - Innovating - 25% Red.

Repair System Description: LP APBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☐ 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

WELL

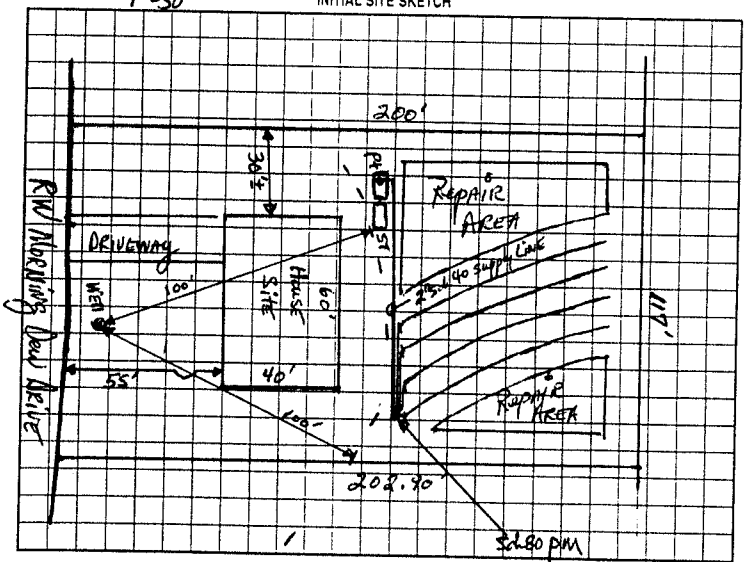
Comments/Conditions: Remove old burns / terraces

34' X 26' House Plan

Comments/Conditions

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

NEEDS ELECTRICAL & I.D. UP OK

INSTALLED AS SHOWN WITH MARKERS

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: Rowan Septic

Improvement Permit by: _____ date 2-1-02 Operation Permit by: _____ date 05-08-02

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