IREDELL COUNTY HEALTH DEPARTMENT

GI paid new permit fee

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 103148 PIN# 4753-52-0076.17 DATE 04-23-02

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 BLOCK / SECTION _____ LOT 17 LOT AREA 0.568 AC SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. 0.3

Septic Tank: 1,000 Gallons: STB 825 Date 01/03/02
Pump Tank: 1,000 Gallons: PT 302 Date 01/06/02
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I II (III) IV V VI
System Description: Pump Conventional
Repair System Description: Grav/Pumped 25% Red.
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

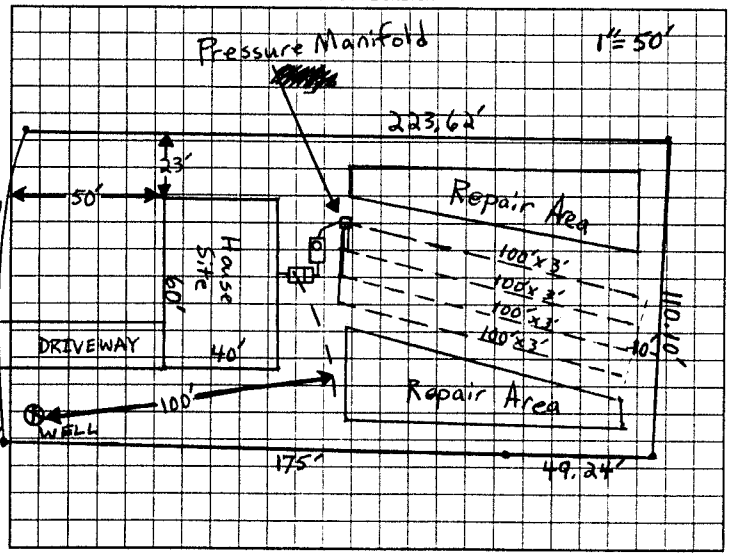
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: Do not cut or lower house site; otherwise a pump will be required** House site was cut, therefor a pump is required*. THIS SYSTEM CHANGED TO PUMP DUE TO "PTO CUT" DUG

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

NEEDS ELECTRICAL U/D
U/D ELECTRICAL - EVERYTHING OK.
U/D ELECTRICAL - EVERYTHING OK

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: X Stanley Shope date 4-25-02 Installed by ROWAN SEPTIC

Improvement Permit by: [signature] PS date 04-23-02 Operation Permit by [signature] date 04-25-02

Authorization to Construct by: [signature] REHS date 04-23-02 Existing System Inspection by: _____ date _____

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