$150 — UCI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103145 PIN# 4753-52-0076.16 DATE April 25, 02

OWNER OR CONTRACTOR M.B. Clive // Pilot Homes PHONE: Business _____ Home _____

ADDRESS 144 Cedar Lake Dr. Statesville N.C. 28625

LOCATION TO EAST TR Third Creek Rd. TL Morning Dew Dr. ON left

SUBDIVISION Third Creek BLOCK / SECTION _____ LOT 16 LOT AREA .618 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons: STB 825 Date 3-7-02
Pump Tank: 1000 Gallons: PT 302 Date 3-7-02
Pump Make: Gould's Model PE3IM Serial No 5034238115
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V
System Description: PM - Innovative - 25% Red.
Repair System Description: PM / LP Innovative
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 ____

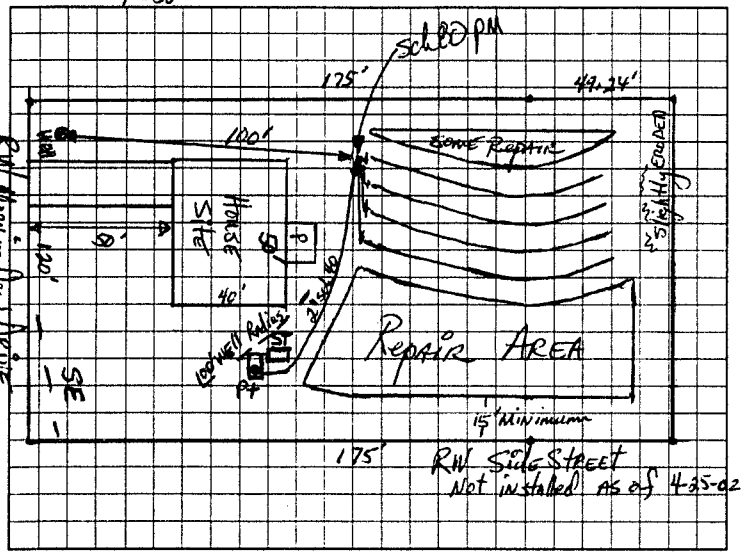
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions Lines checked okay, PT+ST okay, Pressure check okay - 6/24/02 EVERYTHING V'D OK 6-27-02

1"=50'

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 4/25/02 Installed by: Rowan Septic

Improvement Permit by: _____ date 4-25-02 Operation Permit by: _____ date 06-27-02

Authorization to Construct by: _____ date 4-25-02 Existing System Inspection by: _____ date _____

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