IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) 155.00 Paid 208 MOORESVILLE 704-664-5281

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

PERMIT# 103133 PIN# ~~4753-52-0076.9~~ 4753-51-1687 DATE Feb 1, 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 Plaza BLOCK / SECTION II LOT 9 LOT AREA .537Ac SITE CLASS. PSI DESIGN FLOW 360gpd L.T.A.R. .025-.3

Septic Tank: 1000 Gallons; STB 823 Date 8-11-06
Pump Tank: 1000 Gallons; PT 302 Date 8-4-06
Pump Make: Zoeller Model N152 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4@80" Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM-Innovation-25% Red
Repair System Description: LPPPBRS
Maintenance Agreement Required: ☐ Yes ☑ No

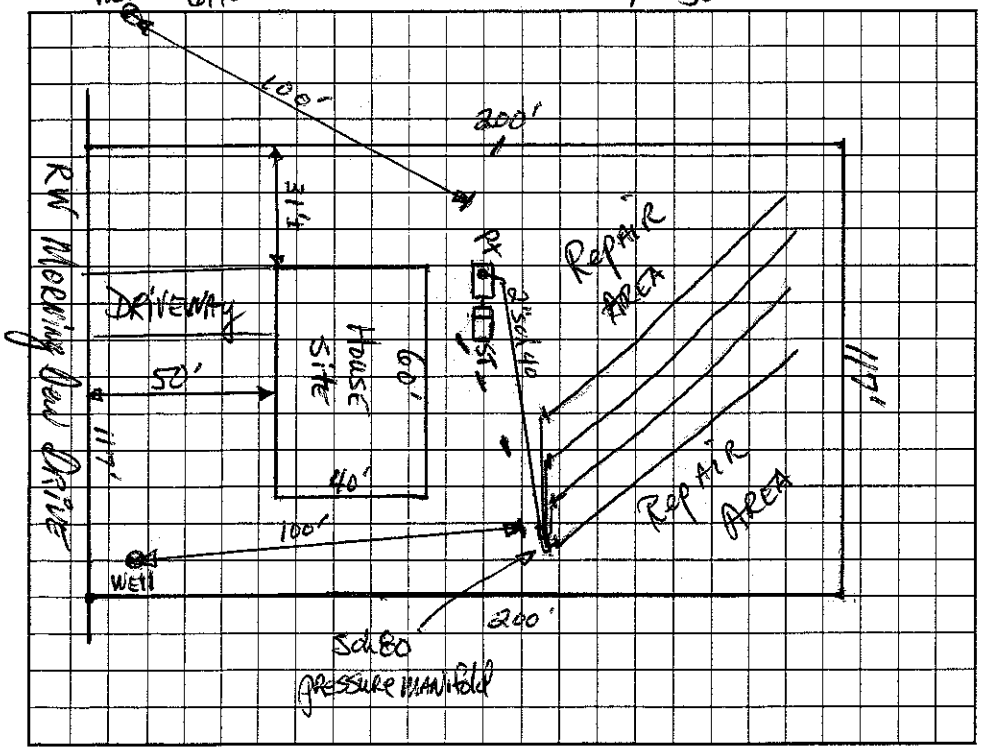
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Install laterals at 36" trench bottom depth. 50x32' House FLR PLANS

Comments/Conditions: Blue Filters no ST marked

INITIAL SITE SKETCH 1"=50'



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 2/22/02 Installed by: Ronan

Improvement Permit by: _____ date 2-1-02 Operation Permit by: E. H. NORTH date 10-6-07

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