IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89436 PIN# 4775163364 DATE 5-30-00

OWNER OR CONTRACTOR Cherie Cardwell PHONE: Business _____ Home 872-8485

ADDRESS 127 Lazy D LN Sta N.C.

LOCATION 64E / TL Sain TL Lazy D at ent Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.0 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1012 Date 7-14-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II III IV V VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☐ No

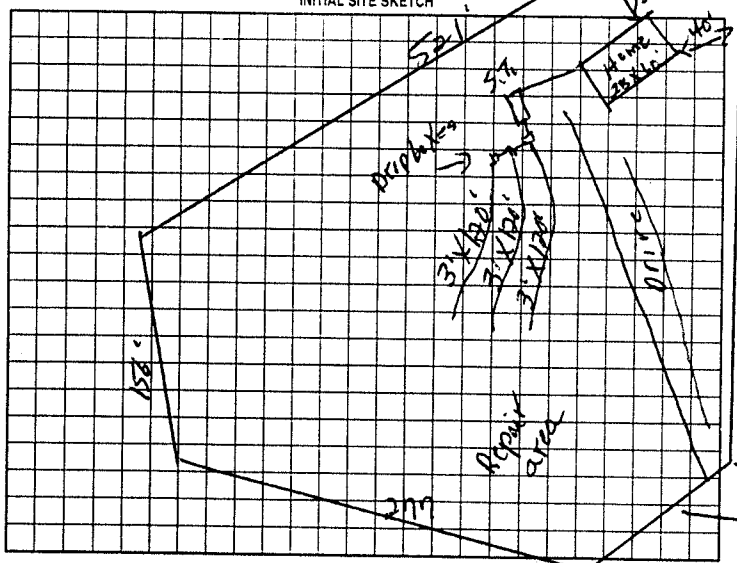
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

INITIAL SITE SKETCH



Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED [redacted] USING "POLY LOK" FILTER

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: X Cherie D Cardwell date _____ Installed by: A-1 BACKHOE

Improvement Permit by: E. C. Moore date 5-30-00 Operation Permit by: STEVE HERRICK date 9-8-00

Authorization to Construct by: E. C. Moore date 5-30-00 Existing System Inspection by: _____ date _____

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