IREDELL COUNTY HEALTH DEPARTMENT

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

James (Advance) 330

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

PERMIT# 89534 PIN# ~~4649787971 PT~~ ~~4723509909~~ 4649881875 DATE 6/1/00

OWNER OR CONTRACTOR DAVID MEEHAN / Street PHONE: Business ~~828~~ 528-6378 Home

ADDRESS 105 GALAX DR STATESVILLE · NC 28677

LOCATION 115 ON-TR FLOWER HOUSE LOOP - TL RANKEN HILL - .25 mile on @ RT.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons: STB 1007 Date 8-8-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAV / INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☑ No

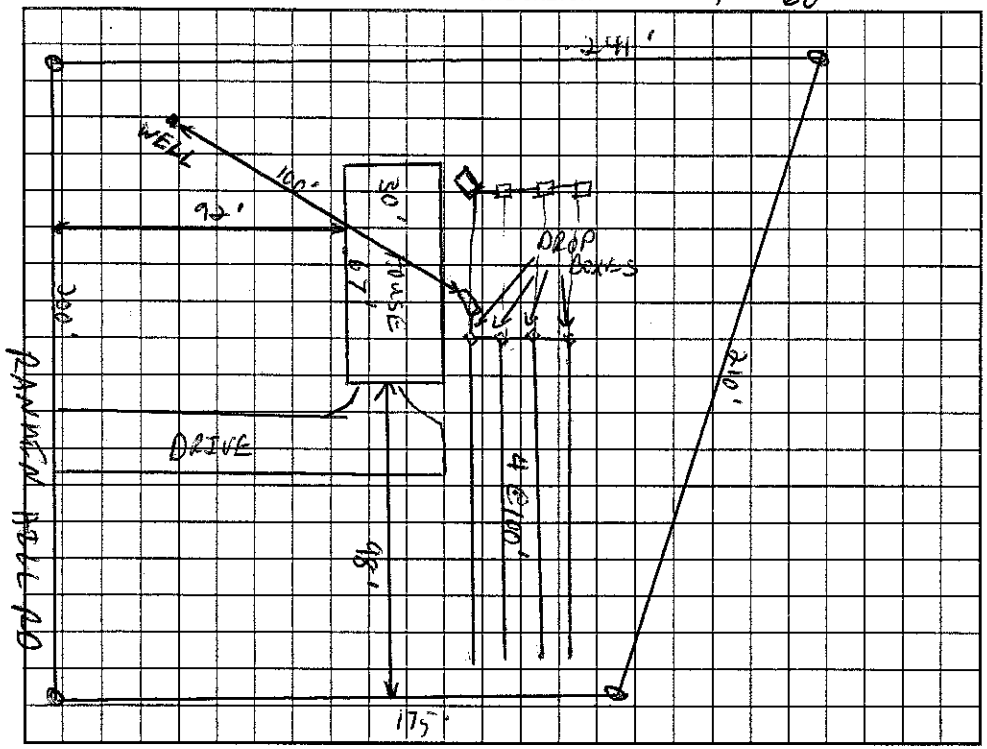
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH 1" = 60'



AS BUILT SKETCH

Installed as Drawn (Septic Tank & lines start further over to left)

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: David Meehan date 6-2-00 Installed by: JEW Advance Backhoe

Improvement Permit by: C. [illegible] RS date 6/1/00 Operation Permit by: Maria H. Dotson RS date 9/28/2000

Authorization to Construct by: C. [illegible] RS date 6/1/00 Existing System Inspection by: _____ date _____

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