IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# No PIN# 4659 43 9236 DATE 1/2/01

OWNER OR CONTRACTOR Mitchell & Jennifer Meadows PHONE: Business 664-3113 Home 663-0416

ADDRESS 144 DiDio Circle Mooresville, NC. 28115

LOCATION 115-21N TR DiDio Circle to first house on (R)

SUBDIVISION No BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360 L.T.A.R. ____

Septic Tank: EXISTING Gallons; STB 317 Date 9/22/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI

System Description: Bell Run Valve - Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

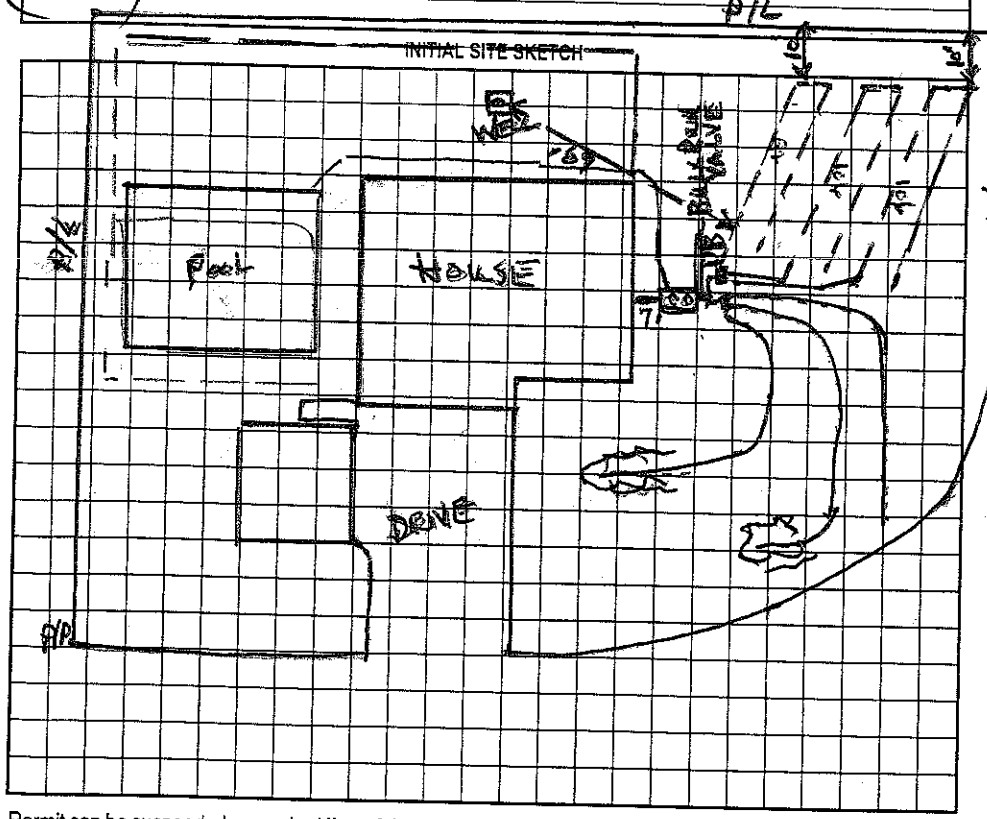
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Bell Run Valve to new Dist Box and to old Dist Box

1"=50'

INITIAL SITE SKETCH



Comments:/Conditions:

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: Michelle Mayhew date ____

Improvement Permit by: Wesley Sparks RS. date 1/2/01

Authorization to Construct by: Wesley Sparks RS. date 1/2/01

Installed by: Seymour Septic Tank

Operation Permit by: Wesley Sparks RS date 2/2/01

Existing System Inspection by: ____ date ____

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