IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

ALP

PERMIT # 206851 206850

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

PIN # 4677594168

APPLICANT: James C Arthurs APPLICANT ADDRESS: 181 Oak Meadow Rd Mooresville NC 28115

SITE ADDRESS: 181 Oak Meadow Rd PHONE: (704) 663 3331 ALT. PHONE:

SITE DIRECTIONS: Go Hwy 150 at Hwy 152 TL on Oak Meadow 1st on end at left

SUBDIVISION: Oak Meadow SECTION: 1 LOT # 15 LOT AREA: 3.99 ac DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank 1250 existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 342
Trench Width 36" Max. Trench Bottom Depth Gravel Depth

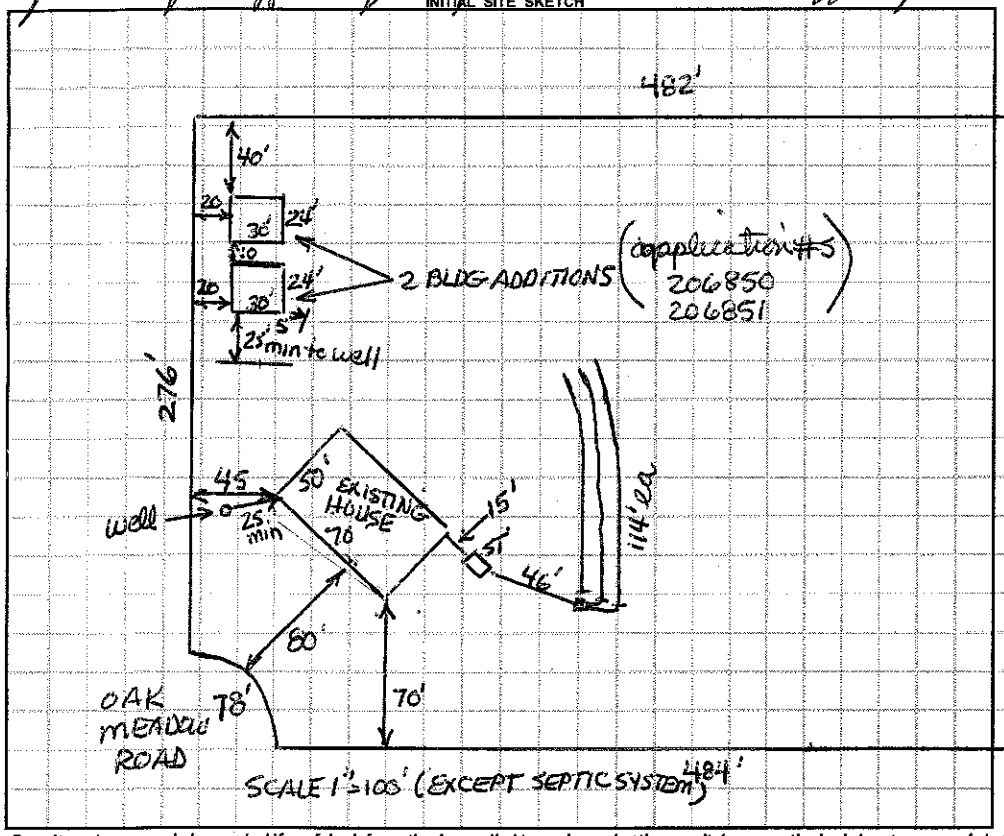
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: existing conventional gravity
Repair System Description:
Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: AUTHORIZATION TO CONSTRUCT 2 ACCESSORY BLDGS field verified. ONLY. NO INCREASE TO BEDROOMS OR WASTEWATER FLOW ABOVE EXISTING 3BR or 360 gpd. Septic system location not to scale, taken from info supplied from files and submitted in office, not

INITIAL SITE SKETCH



AS BUILT SKETCH

Per... thorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ The proposed/existing (2) accessory bldgs addition does not appear to impact the existing septic system.
**NOTE:

Richard Farris R.S.
Date: 11/21/14
ICHD-Environmental Health Division

☐ IIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Ow... Date: Installed by:
IM... Date: OPERATION PERMIT by: Date:
AU... Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James C. Arthurs DATE 6/28/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 East on left just past jct w/ 152. At end

S. R. No. _____

SUBDIVISION NAME Oak Meadow LOT NO. 15 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

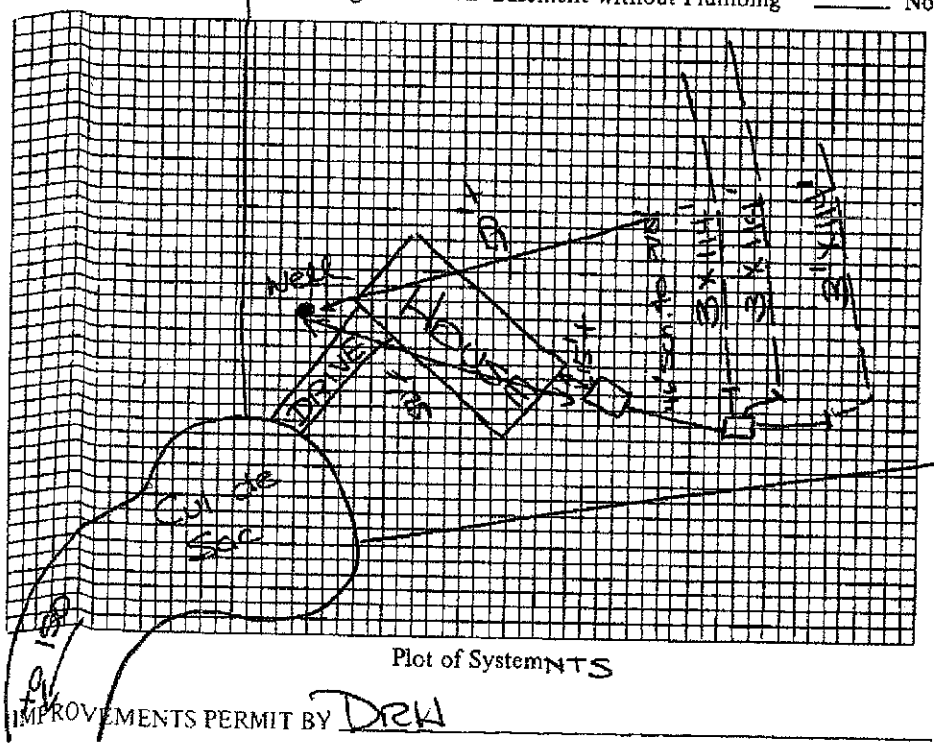
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Character & Porosity of Soil clay
Percolation Rate ~.35 gpd / ft²
Topography 4 - 6%
Depth to Water Table 3'+
Rock or other impervious formations near house 18"-3'
area of drainfield - 3'+

Lot Area 1 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1028 Linear Ft. 342
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Julian Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRW

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 6/28/88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold