IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90752 PIN# ~~4678455556~~ 4678 45 9545 DATE 6/20/01

OWNER OR CONTRACTOR James L. Meadows PHONE: Business _____ Home 704-663-2292

ADDRESS 514 Wiggins Rd. Mooresville NC 28115

LOCATION 150 E, L Wiggins, 1.4 miles on Lt behind 514 Wiggins

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 794 Date 10/2/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 345'

No Lines 3 @ 115' 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: Pump Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

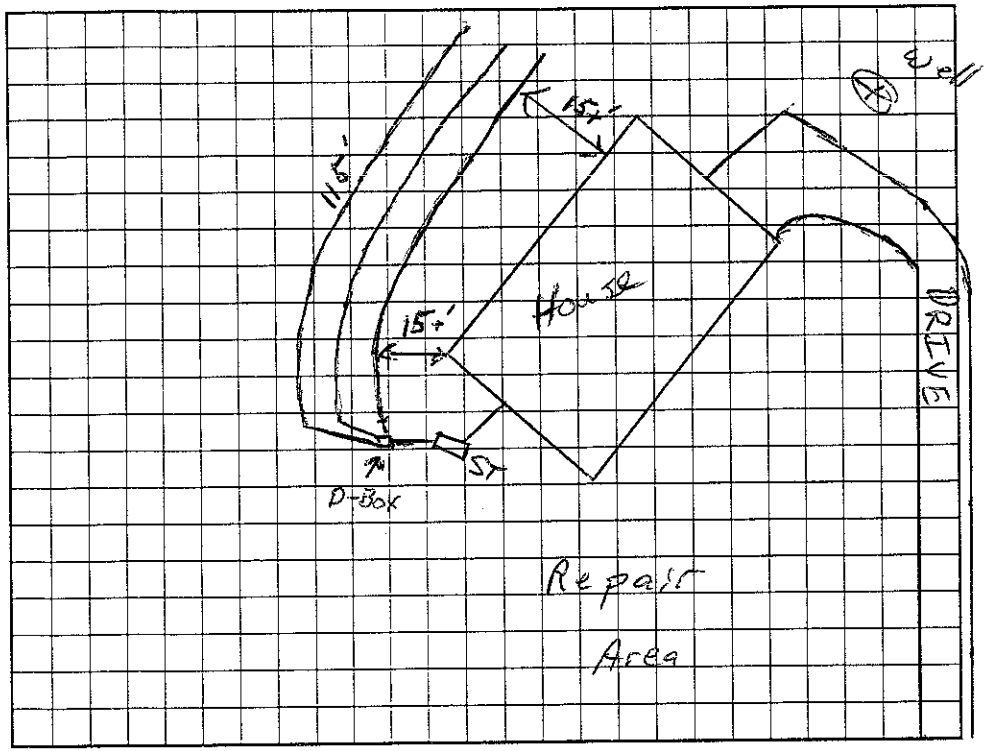
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

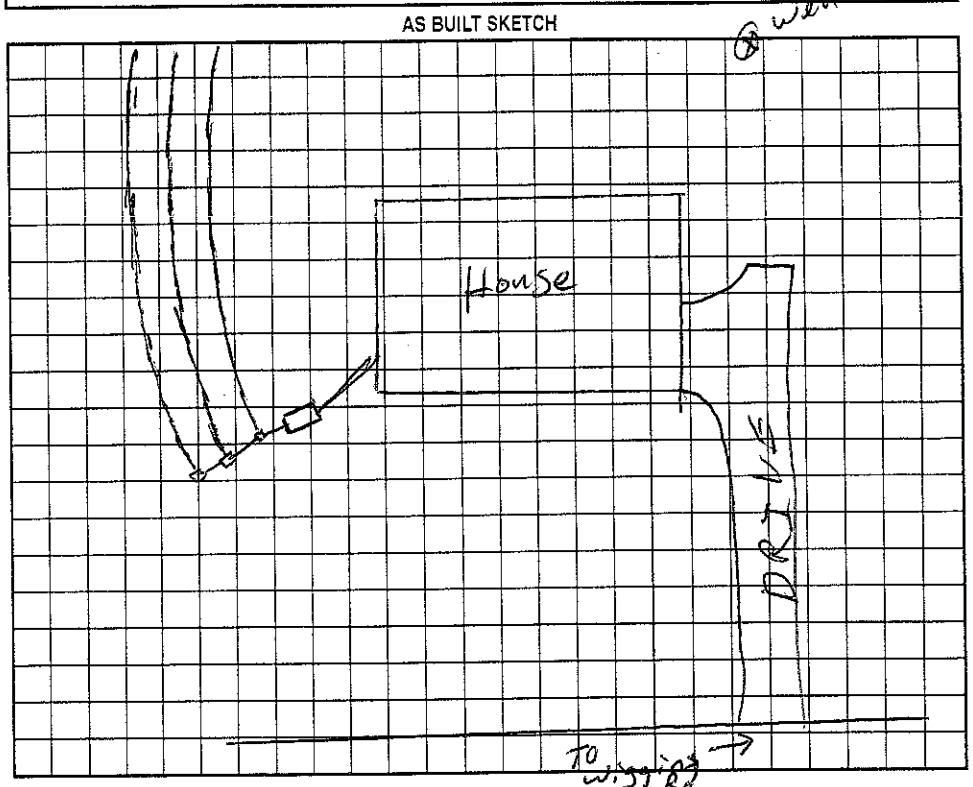
Comments:/Conditions: Install Lines on Contour - Keep well 50' minimum from Septic system - Keep System 10' from property Lines, 15' from Basement

Comments:/Conditions:

INITIAL SITE SKETCH



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: [signature] date 6/29/01

Improvement Permit by: [signature] REHS date 6/20/01

Authorization to Construct by: [signature] REHS date 6/20/01

Installed by: Larry Beam

Operation Permit by: [signature] RS date 11/12/03

Existing System Inspection by: _____ date _____

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