This Voids All Previous Permits

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82153 PIN# 4703115547 DATE July 9 99

OWNER OR CONTRACTOR Jeff Mallam PHONE: Business _____ Home 828 632 5404

ADDRESS 320 Salisbury Rd, Statesville NC

LOCATION Hwy 70 W (L) Hiddenbrook (L) OAKStone Lot on Right before Cul-de-Sac

SUBDIVISION Meadow Creek BLOCK / SECTION II LOT 37 LOT AREA .87 SITE CLASS. I-S DESIGN FLOW 360 L.T.A.R. - 3

Septic Tank: 1000 Gallons; STB 1012 Date 5-17-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 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: Pump from bldg 25% Gravity
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

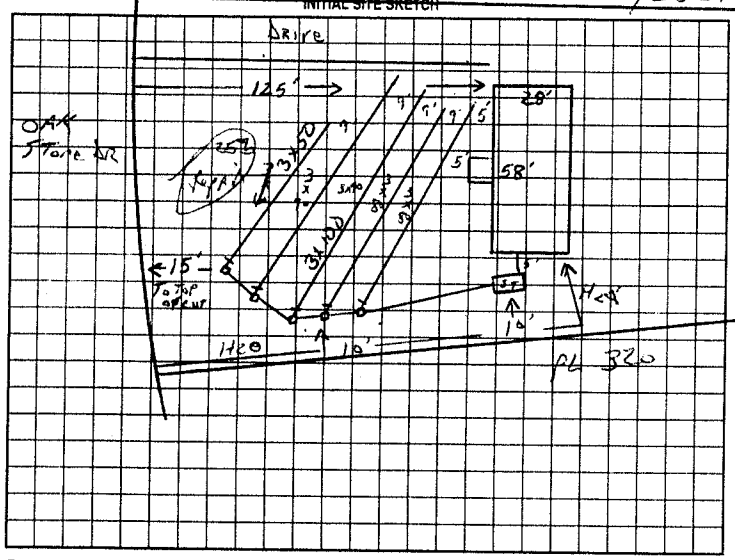
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

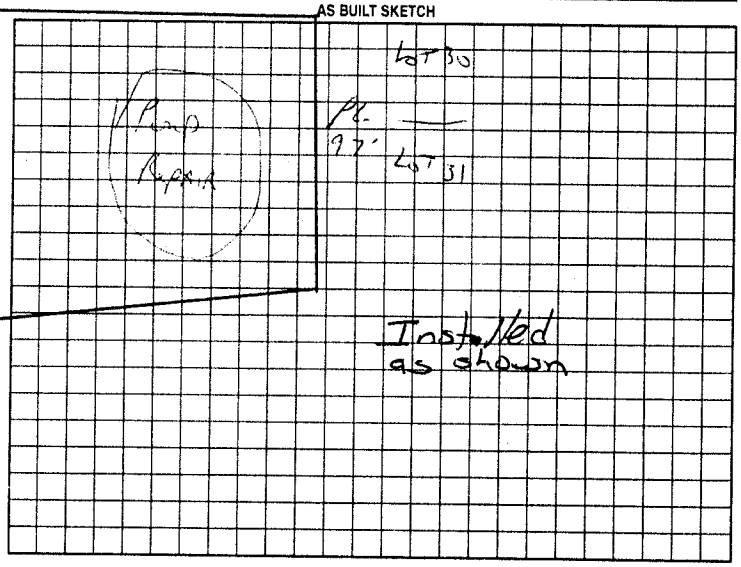
Comments/Conditions: Install Lines on Contour
H20 Line Installed 10 Ft From Septic Field
Locate home far enough back to allow Septic Line Installation with all setbacks
Keep 15 Ft from Top of Road Cut

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: Jeffrey L. Mallam date 7-12-99
Improvement Permit by: for Potter date 7 9 99
Authorization to Construct by: for Potter date 7 9 99

Installed by: C&W
Operation Permit by: Mary C. Orff RS date 7-23-99
Existing System Inspection by: _____ date _____

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