# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (21) MOORESVILLE 704-664-5281

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

PERMIT# 104217 PIN# 4723-12-9563 DATE 2-04-02

OWNER OR CONTRACTOR DAVID R. MEEHAN, INC PHONE: Business (704) 902-0286 Home (704) 528-6378

ADDRESS 105 GALAX DRIVE, STATESVILLE, NC 28677

LOCATION I-40 WEST, TL OLD MTN RD, TL SPRING MEADOWS LANE, LOT ON RIGHT BEFORE ANGUS DRIVE

SUBDIVISION SPRING MEADOWS BLOCK / SECTION ____ LOT 65 LOT AREA 0.76 ACRE SITE CLASS: PS DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 1-20-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1800 Linear Feet 450
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

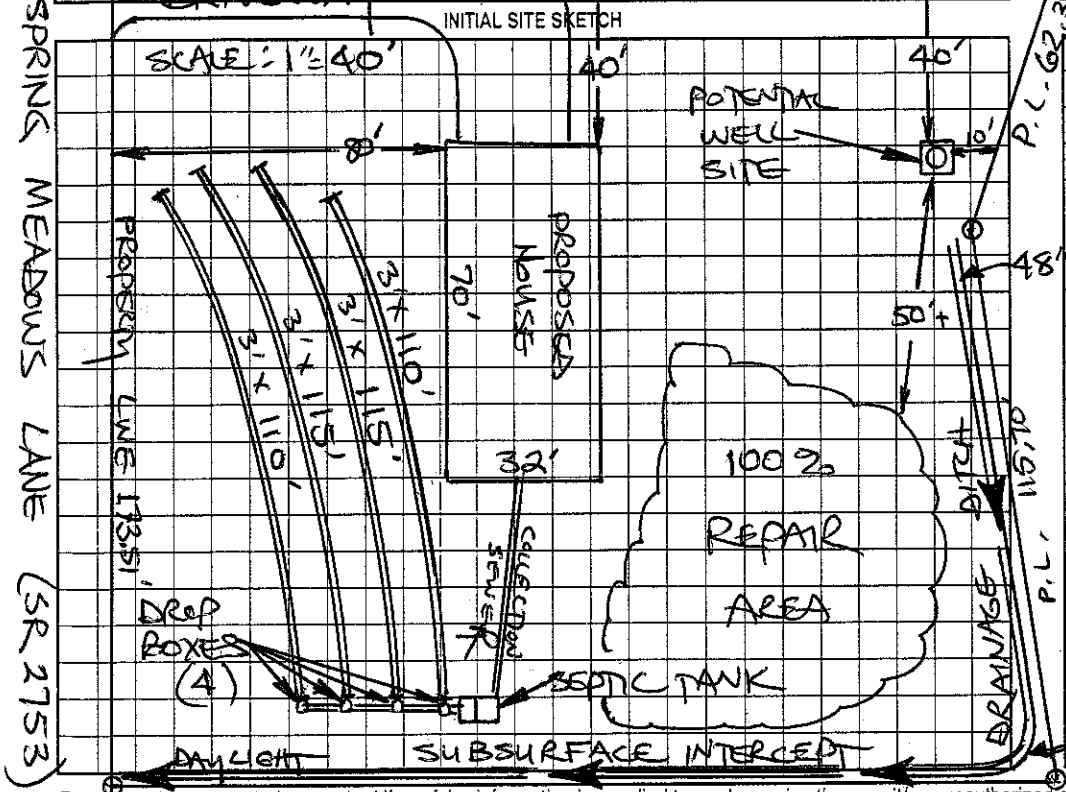
☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☐ 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
WELL

Comments:/Conditions: INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH BEGINNING 48" DEEP - TO PROPERTY CORNER - THEN OUT TO DAYLIGHT

INITIAL SITE SKETCH




Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 2-6-02 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 2-04-02 Operation Permit by: STEVE HEDRICK date 8-13-03

Authorization to Construct by: STEVE HEDRICK date 2-04-02 Existing System Inspection by: ____ date ____

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