2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 194133 PIN# 4728052582 DATE 12-22-06

OWNER OR APPLICANT Meredith Homes, LLC PHONE: Business _____ Home 704 264 5081

ADDRESS Treehawk Rd

LOCATION Hwy 115, left pisgah church, left treehawk, property on right

SUBDIVISION Treehawk Acres BLOCK / SECTION 2 LOT 4 LOT AREA 1.09 Ac. SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000/825 Date 12-16-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

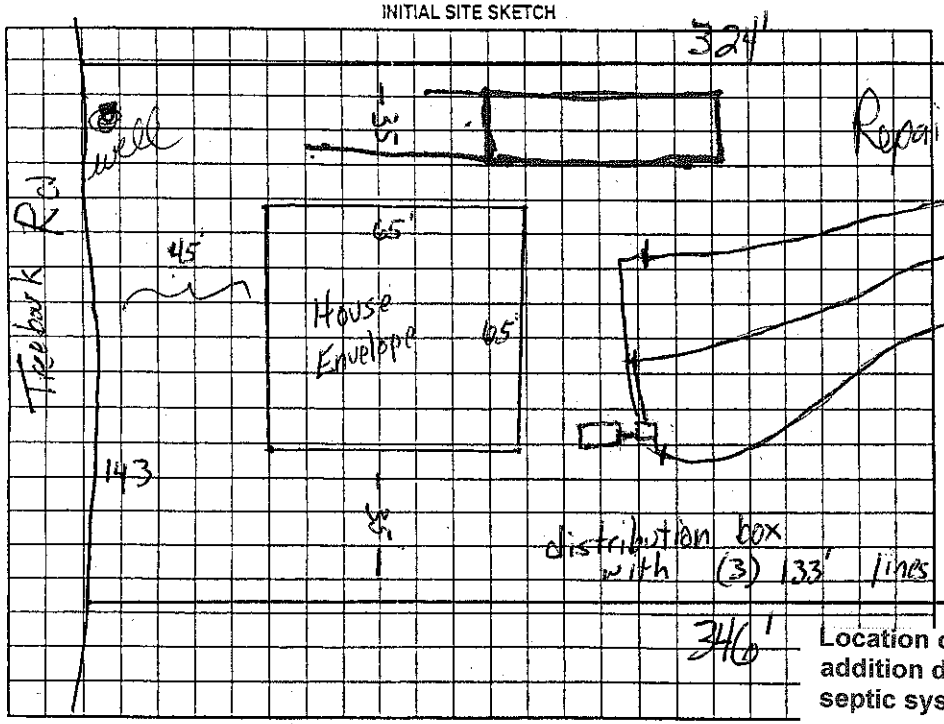
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

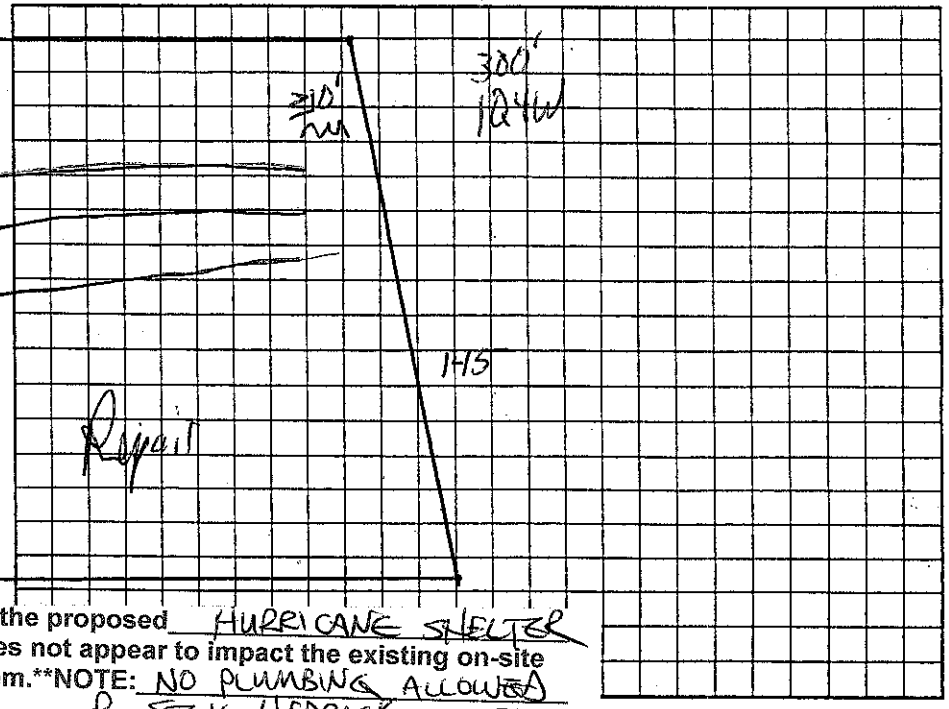
Comments:/Conditions:

Brown Yellow Filter

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed HURRICANE SHELTER addition does not appear to impact the existing on-site septic system.**NOTE: NO PLUMBING ALLOWED

R. Steve Hedrick REHS

Date: Nov. 17, 2011

ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward securing the per ... installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for si... ...ent Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: _____ date 12-22-06

Authorization to Construct by: _____ date 12-22-06

Operation Permit by: _____ date 2-2-07

Existing System Inspection by: _____ date _____

Rowan Septic

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