IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 37319 PIN# 4730473943 4730473943 DATE 9-21-05

OWNER OR CONTRACTOR Carl Stanley or Tom Pinkas PHONE: Business 704-902-5624 Home

ADDRESS 199 Wadgell RD Mooresville NC 28117

LOCATION State Park RD - SD Meadow Glen Sec 2 Lot 155 Shenandoah Loop

SUBDIVISION Meadow Glen BLOCK / SECTION IV LOT 90 LOT AREA .637 SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 16

Septic Tank: 1000 HD Gallons; STB 379 Date 3-24-05

Pump Tank: 1000 HD Gallons; PT 379 Date 3-27-05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 150

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 14"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 250 Pump PM

Repair System Description: 250 Pump PM

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

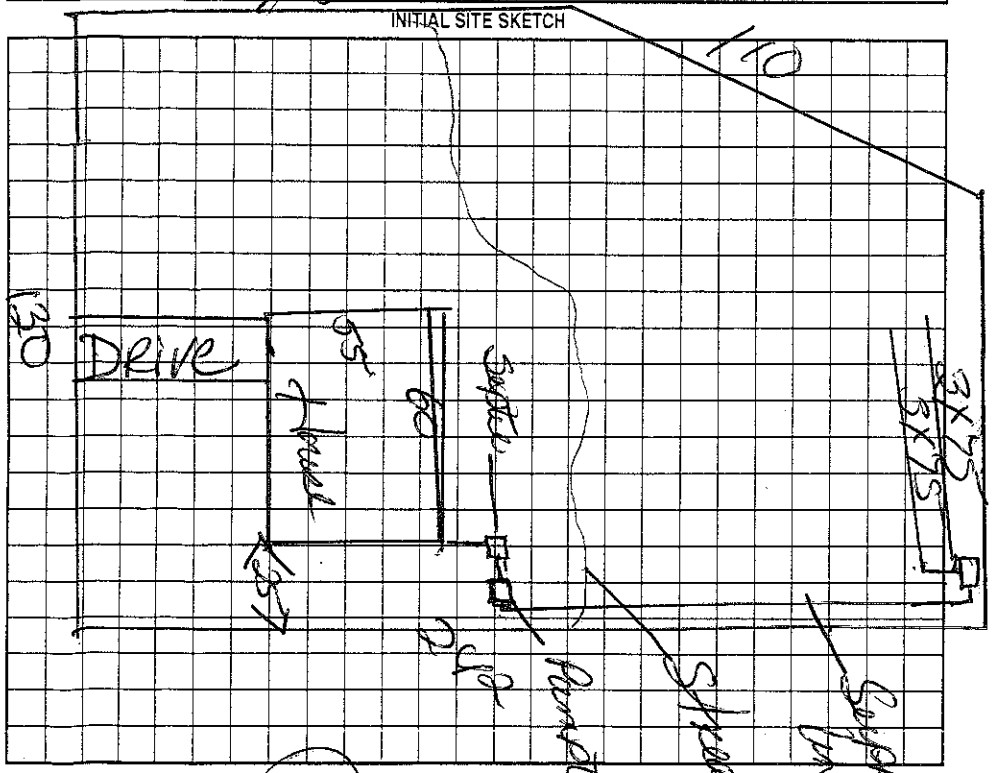
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Install on Contour
maintain all setbacks
25

Comments:/Conditions:
Supply line 36" under stream
Additional cover can use PVC
under stream

INITIAL SITE SKETCH



AS BUILT SKETCH

Red Poly Lock
Tank Has Manholes

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.

Installed by: William Harrington date _____

Improvement Permit by: Kelly Cook date 9-21-05

Authorization to Construct by: Kelly Cook date 9-21-05

Operation Permit by: Kelly Cook date 11-10-05

Existing System Inspection by: _____ date _____

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