IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089023 PIN# 4735 39 4157 (PT) DATE 5-13-2000

OWNER OR CONTRACTOR MEADOWS EARNHARDT PHONE: Business 871-0845 Home

ADDRESS P.O. BOX 284, STATESVILLE, NC 28687

LOCATION NC 115 N, TR UPPER OAK DR, TL GOLDEN OAK DR, 3RD LOT ON LFT FROM END.

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 68 LOT AREA 0.715 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10-10-00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

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

System Description: 25% REDUCTION SYSTEM

Repair System Description: 50% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

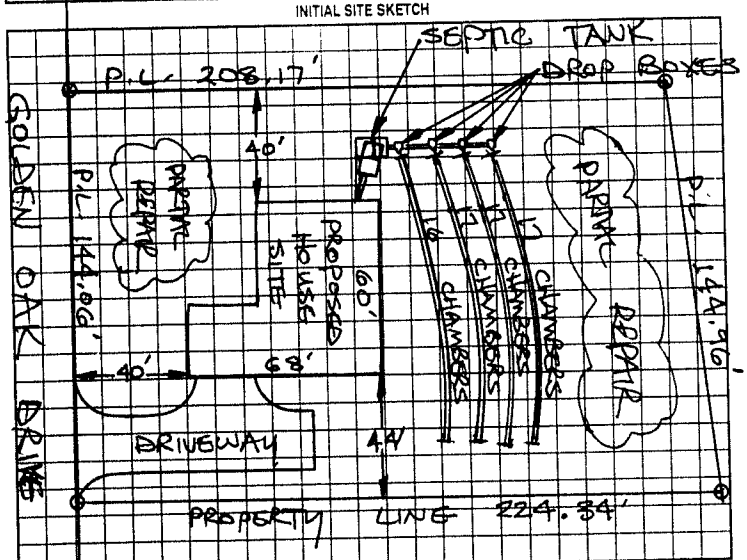
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM, USING SIXTY-SEVEN (67) CHAMBERS (REQUIRED)

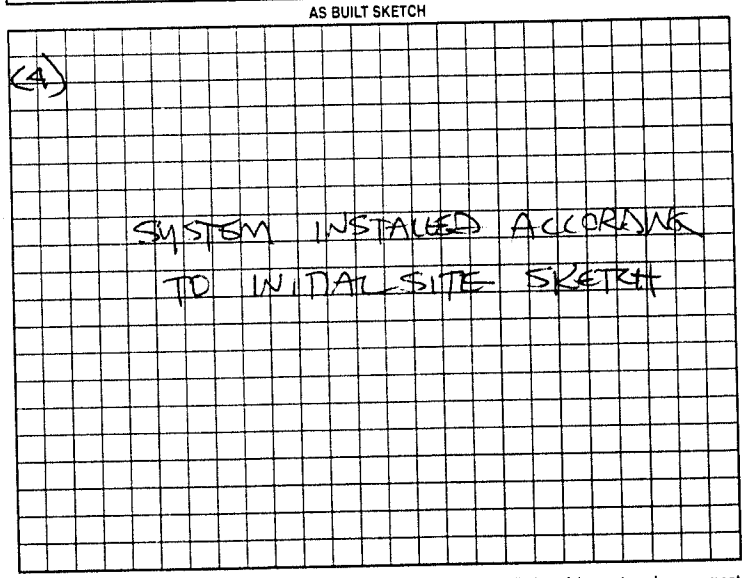
Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "Polylok" FILTER

SCALE: 1" = 50'

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: Jon Earnhardt date 5/16/00 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 5-13-00 Operation Permit by: STEVE HEDRICK date 1-05-00

Authorization to Construct by: STEVE HEDRICK date 5-13-00 Existing System Inspection by: ____ date ____

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