IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100193 PIN# 4735 39 3782 cell phone# DATE 5/15/01

OWNER OR CONTRACTOR Chris Weatherman PHONE: ~~Business~~ (704) 252-0841 Home (704) 873-7684

ADDRESS 134 Ivanhoe Lane Statesville N.C. 28625

LOCATION 115 N, @ Upper Oak at End

SUBDIVISION Meadow Oaks BLOCK / SECTION II LOT 91 LOT AREA .66 Ac. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. - 30

Septic Tank: 4000 Gallons. STB 1007 Date 10-17-01
Pump Tank: 1,000 Gallons, PT 274 Date 11-7-01
Pump Make: HYDROMATIC Model SK60M1 Serial No. 13425-09-1
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I. II (III) IV. V. VI
System Description: Pump & Conventional
Repair System Description: ~~Pump~~ NLPP
Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

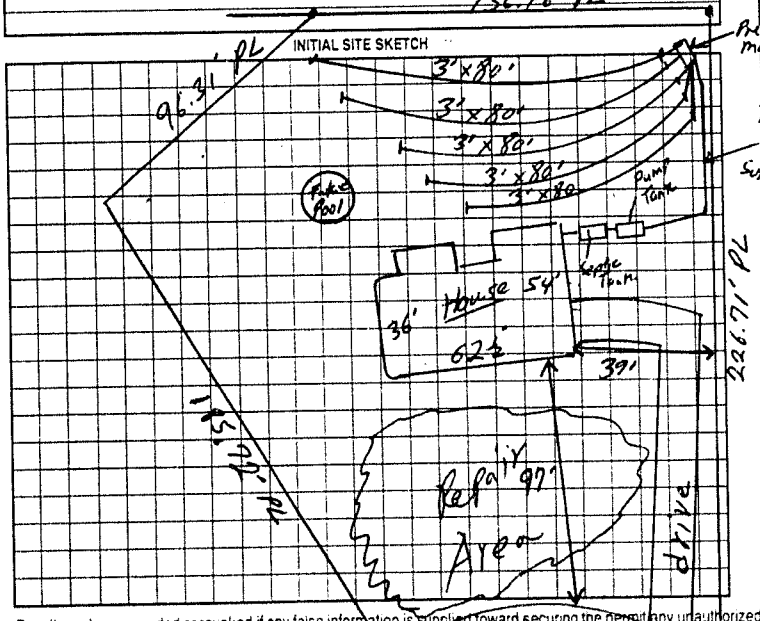
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

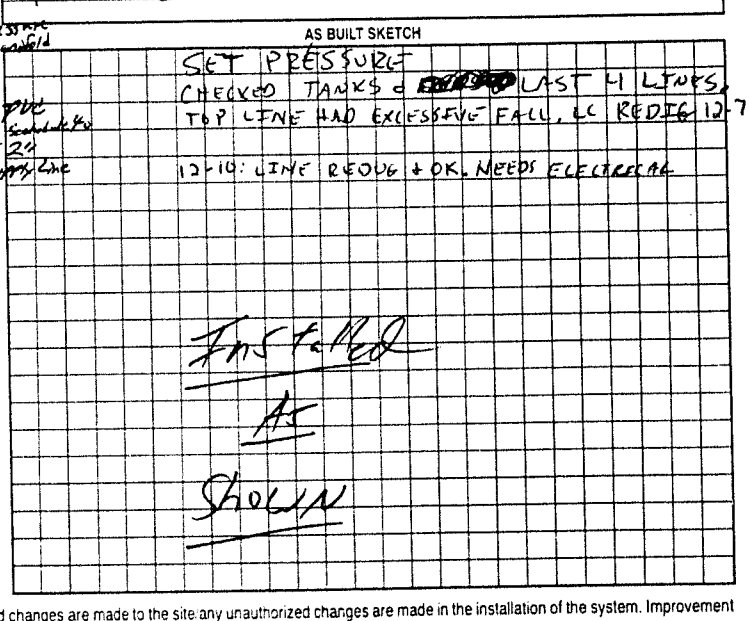
Comments/Conditions: (1) Install Lines on contour 5@80 (2) Keep lines 10' off property lines

Comments/Conditions: Haff Dpt drop to new tanks
[redacted]
POLYLOK FILTER & MACVER

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: Chris Weatherman Upper Oak Cul-de-sac 5-16-01 date

Improvement Permit by: William O. Johnson date 5-15-01

Authorization to Construct by: William O. Johnson date 5-15-01

Installed by: JAMES HUDDLER

Operation Permit by: William O. Johnson date 3/4/02

Existing System Inspection by: _____ date _____

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