IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120211 PIN# 4736-30-4066 DATE 5/8/04

OWNER OR CONTRACTOR David R. Meehan PHONE: Business (704)-902-0286 Home (704) 528-6378

ADDRESS 105 Galax Drive Statesville N.C. 28677

LOCATION Hwy 115 N @ Chidy Ford Rd, @ on Westview Dr, @ on Meadow Oaks, on left (beside of 178 Meadow Oaks)

SUBDIVISION Meadow Oaks BLOCK / SECTION ____ LOT 17 LOT AREA .707 Acres SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1007 Date 9-10-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

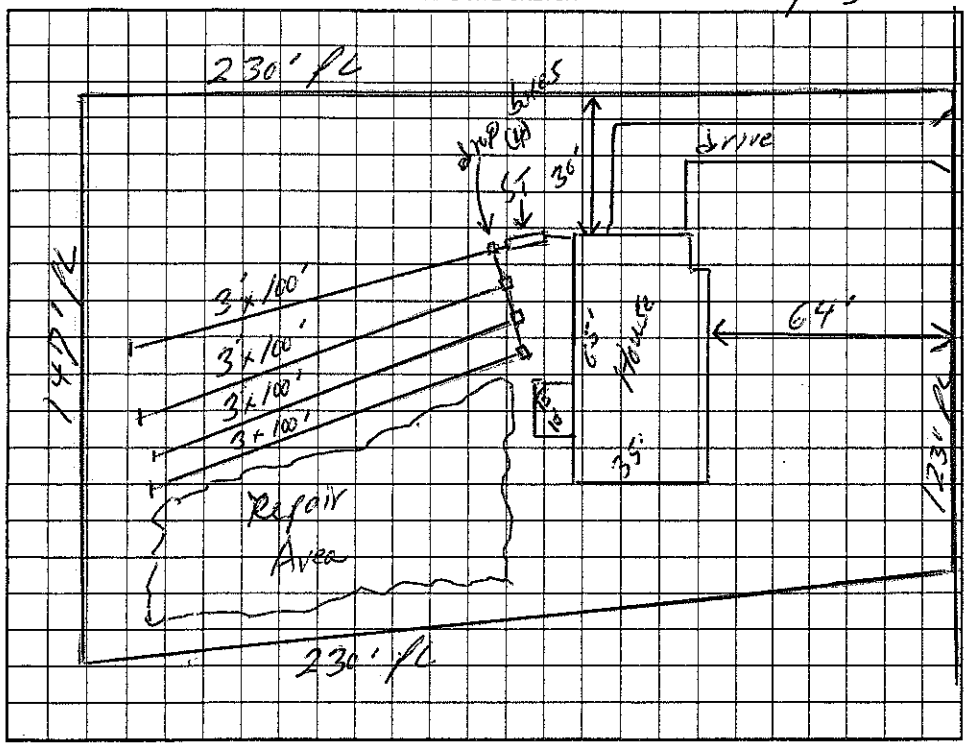
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) Install lines on Contour (2) maintain proper setbacks

Comments:/Conditions: Label Filter Installed -ST marker Installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed As Shown per 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: David Meehan date ____ Installed by: James Hudler

Improvement Permit by: William O. Johnson date 5/8/04 Operation Permit by: William O. Johnson (FINISH) date 11-9-04

Authorization to Construct by: William O. Johnson date 5/8/04 Existing System Inspection by: ____ date ____

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