IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89480 PIN# 4736404438 DATE 5-31-00

OWNER OR CONTRACTOR William Jackson PHONE: Business Home 828 267 1490

ADDRESS 1941 20th Ave DR NE Ut 21

LOCATION 115 N TR Chipley Ford TL westview 2nd lot RT

SUBDIVISION meadow oaks BLOCK / SECTION 1 & 2 LOT 53 LOT AREA .92 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8-11-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields ____ Square Feet 1200 Linear Feet 400
No. Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24"

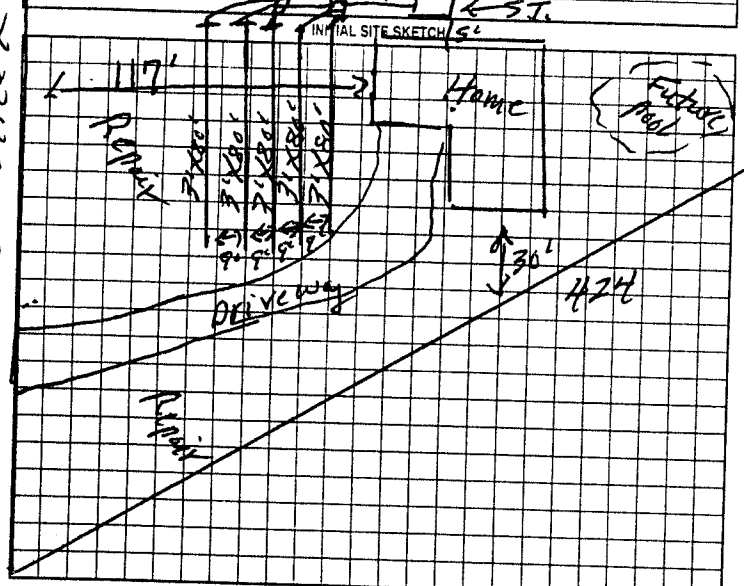
☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: dirt bottom 363'

INITIAL SITE SKETCH



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

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

320 - 54 = X

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: X Danny L Hoke

Improvement Permit by: D.C. Moore date 5-31-00

Authorization to Construct by: D.C. Moore date 5-31-00

Installed by: Atlantic Excavating

Operation Permit by: Steve Horick date 9-15-00

Existing System Inspection by: ____ date ____

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