IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 141921 PIN# 4749642992 DATE 5-8-07

OWNER OR APPLICANT Jamee Meyer PHONE: Business 704-787-3062 Home 704 799 7935

ADDRESS 129 Bradford Lane

LOCATION I-77 N Exit 54 to US 21 N. (L) Jennings Rd, (L) Friendship Rd, Almost 1 mile (R) Bradford Lane, 3rd lot on left - Lot 3

SUBDIVISION Bradford Acres BLOCK / SECTION ____ LOT 3 LOT AREA 1.01 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 5-11-07
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

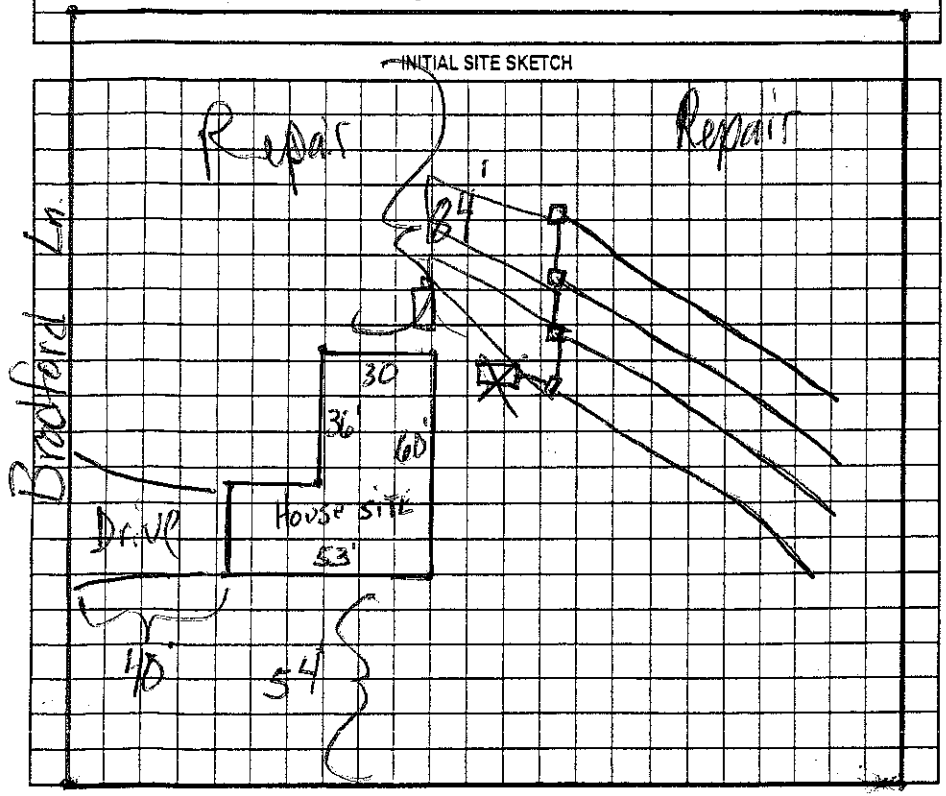
Water Supply: ☐ Individual ☒ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
(4) 3' x 75'

Comments:/Conditions:
Yellow Filter

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: ____ date ____
Improvement Permit by: ____ date 5-8-07
Authorization to Construct by: ____ date 5-8-07

Installed by: Steve Jordan
Operation Permit by: ____ date 11/13/07
Existing System Inspection by: ____ date ____

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