2.2'50

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4756540019 DATE 4-18-01

OWNER OR CONTRACTOR ELIZABETH NORRIS PHONE: Business _____ Home 876-4604

ADDRESS 179 EAST MEADOW VIEW DR, STATESVILLE NC 28625

LOCATION HWY 21 N, (L) JANE SCHOOL RD, (R) EAST MEADOWVIEW, ON RIGHT

SUBDIVISION MEADOWVIEW BLOCK / SECTION _____ LOT 16 LOT AREA _____ SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

EXISTING

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: _____ Gallons, PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____

No Lines 2 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 18"

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

System Description: CONV GRAV

Repair System Description: _____

Maintenance Agreement Required ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

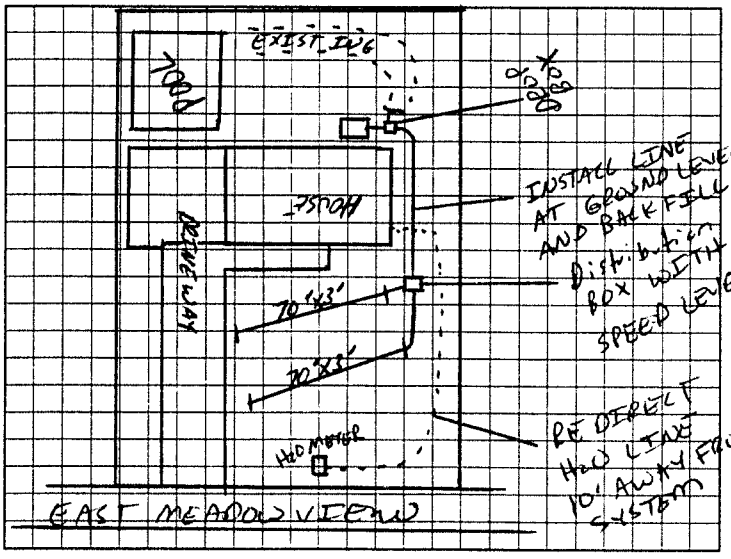
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

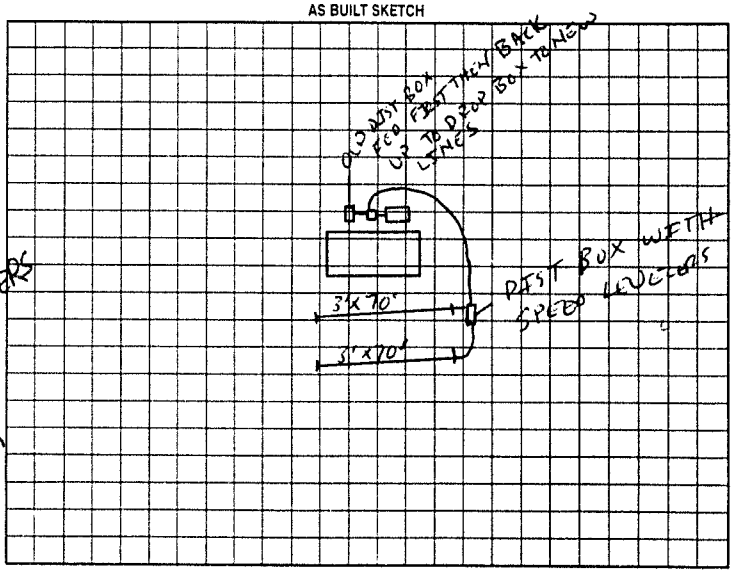
Comments/Conditions: (1) START TRENCH 30" DEEP AND KEEP GRADE INTO HILL out of contour (2) USE 18" GRAVEL DEPTH (3) INSTALL SUPPLY LINE AT OR JUST BELOW GROUND LEVEL & BACK FILL WITH network SOIL.

Comments/Conditions: SPEED LEVELERS SET WHERE 1ST NOW LINE FEEDS FIRST & WILL BACK UP TO BOX TANK & BOX AS DRAWN BELOW

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 12-06-01 Installed by: STEVE JORDAN

Improvement Permit by: _____ date 4-18-01 Operation Permit by: _____ date 1-2-02

Authorization to Construct by: _____ date 4-18-01 Existing System Inspection by: _____ date _____

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