Site Address: 129 Salem Meadows Dr., Stat. PIN# 4774-19-9519

IREDELL COUNTY HEALTH DEPARTMENT

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

50757

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18124 DATE 3-29-94 TAX MAP NO. 5I2-2-A-4 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Tina Hamby PHONE: Business _____ Home 872 0875

ADDRESS RT 5 Box 314 B Sta

LOCATION 64E TR New Salem Ch Rd TL Salem meadows 1/8 mi on Lft

SUBDIVISION Salem meadows BLOCK / SECTION _____ LOT 4 LOT AREA 1.1 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .37

Septic Tank: 1000 Gallons; STB 794 Date 4-26-94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450
No Lines 3 Trench Width 36 Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Pump to Conv
Maintenance Agreement Required: ☐ Yes ☑ No

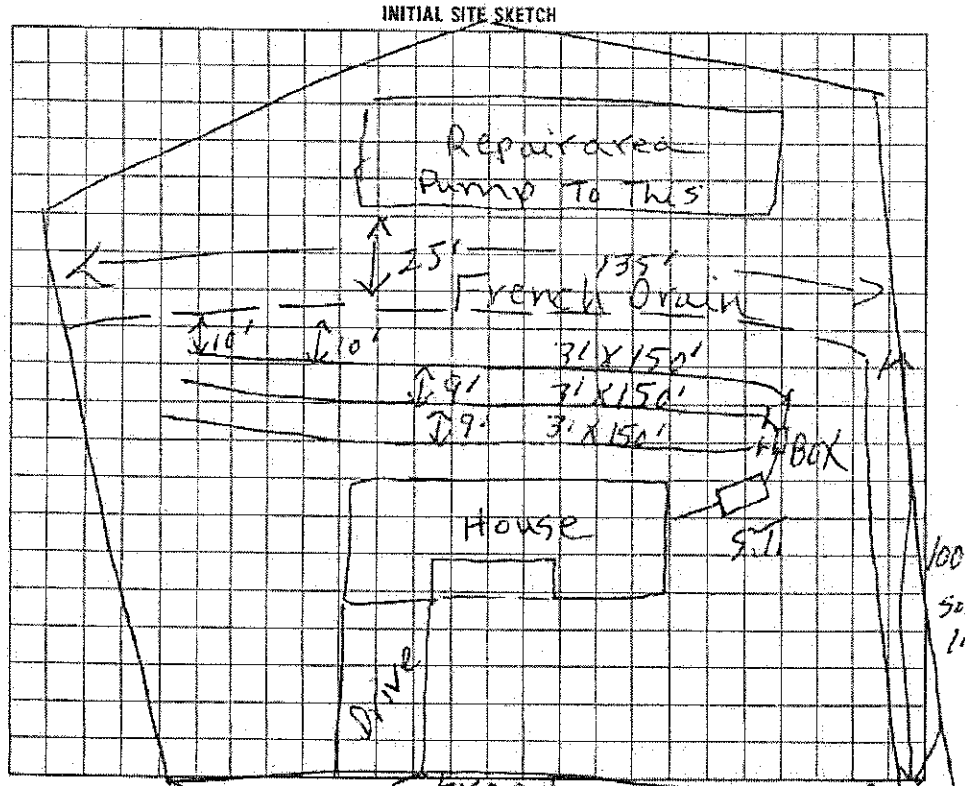
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

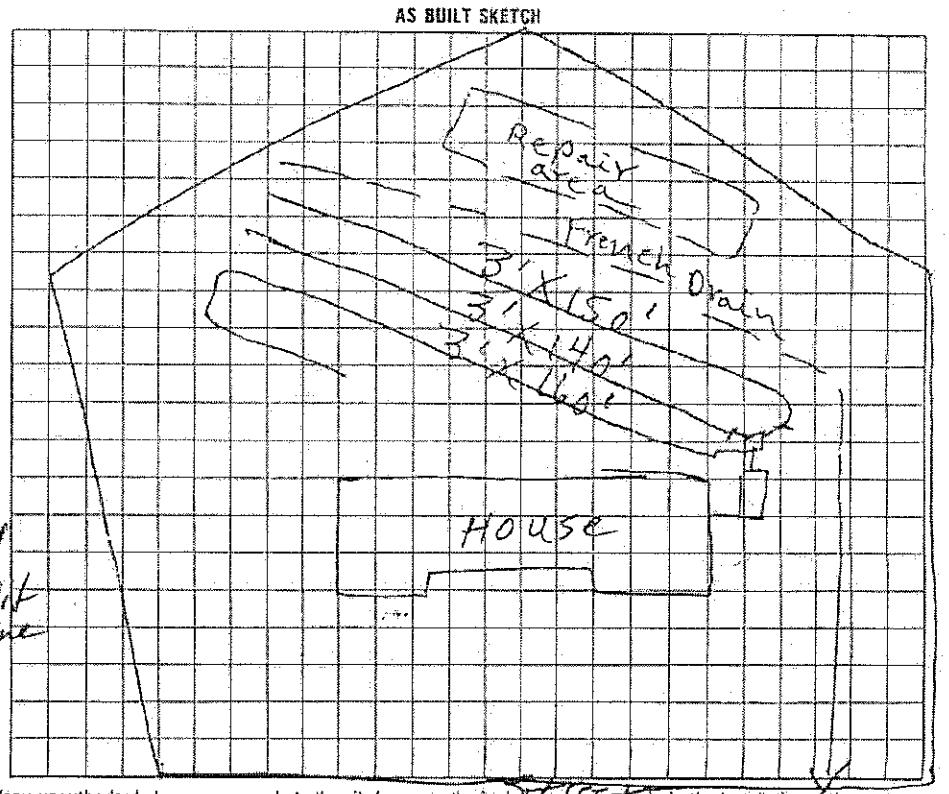
Comments: Start French Drain at Property line 10' above S.T. Drain line Run to opposite Property line Then town To street

Comments: French Drain was installed by Tina Hamby checked 6-24-94

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Tina Hamby

Improvement Permit by: P.C. Moore date 3-29-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: P.C. Moore date 6-24-94

Operation Permit by: _____ date _____

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