IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 07-08-02

PERMIT# 107308 PIN# 4775-97-4146

OWNER OR CONTRACTOR JAMES MEADOR PHONE Business _____ Home 704 924-7626

ADDRESS 329 OAK FORREST DR STATESVILLE, NC 28625

LOCATION 64E. ① Wild OAK ② OAK FORREST, .8 mile on Left, NO TRESPASS SIGN AT DRIVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 8.30 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons: STB 32 Date 5-22-99

Pump Tank: EXISTING 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 36" 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 X No

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

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

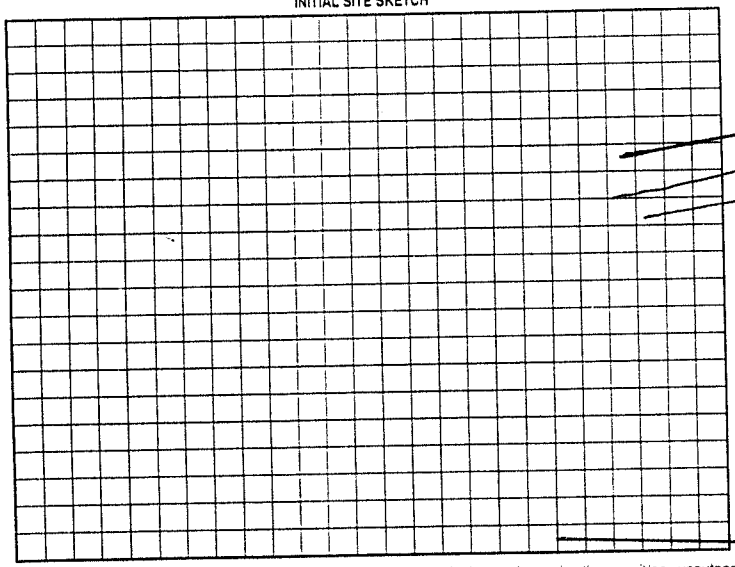
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community WELL

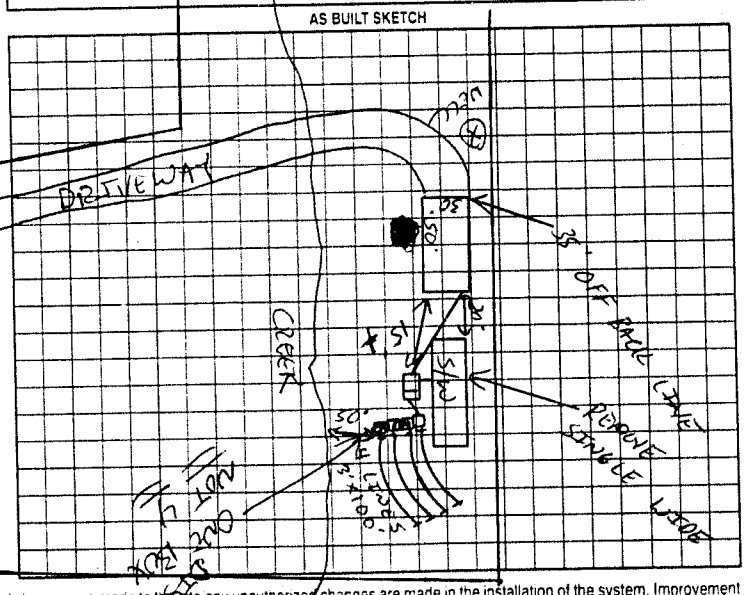
Comments/Conditions: ① MAINTAIN 1/8" FALL PER FOOT ON SUPPLY LINE ② MAINTAIN SETBACKS ESPECIALLY ON BASEMENT CUT. ③ SYSTEM SIZED FOR 3 BEDROOMS & PLANNING ON 3 BEDROOM

Comments/Conditions

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: James C Meador date 7-8-02 Installed by A-E EQUIPMENT

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 07-08-02

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