# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13980 PIN# 4774624383 DATE 2-25-08

OWNER OR APPLICANT Meredith Homes PHONE: Business _____ Home 701-264-5081

ADDRESS 143 Burton Bay Ln Mooresville NC 28115

LOCATION 64E TO Sunset Rd TO Swann Crossing

SUBDIVISION Swann Crossing BLOCK / SECTION 3 LOT 18 LOT AREA .538 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 11-30-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field; No Fields ____ Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Expand
Repair System Description: 30% Red
Maintenance Agreement Required: ☐ Yes ☐ No

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

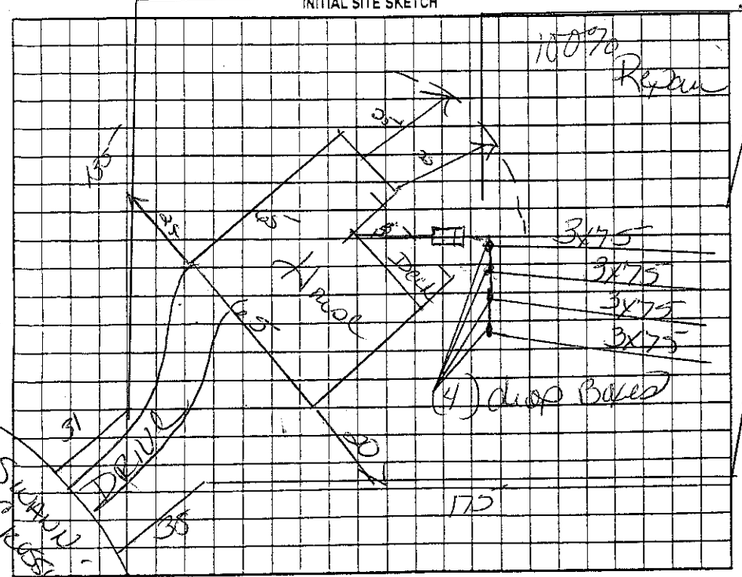
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth 11" ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

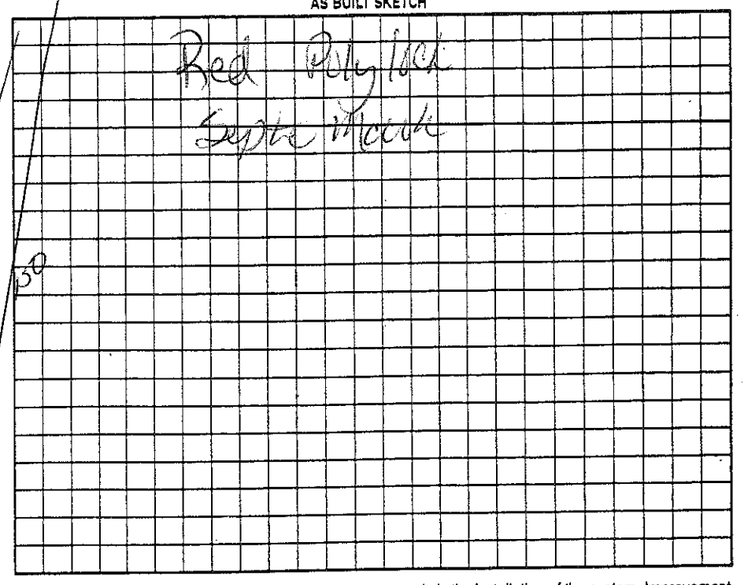
Comments:/Conditions:

Comments:/Conditions:
Back fill for positive drainage
Install on Contour
Maintain all setbacks

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 2-25-08

Authorization to Construct by: _____ date 2-25-08

Installed by: Masterson

Operation Permit by: _____ date 11-14-08

Existing System Inspection by: _____ date _____

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