Permit # changed by Paula Hooks - Zoning Office

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (W) (A) MOORESVILLE 704-664-5281

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

PERMIT# 13977 (B) PIN# ~~4776628311~~ 4776 29 1277 DATE 1-31-07

OWNER OR APPLICANT ~~Speed Build~~ ~~INC~~ Meredith Homes PHONE: Business 704 202 4964 Home

ADDRESS 172 Allendale Circle Statesman NC 28166

LOCATION 6216 Swann Road (R) Swann Crossing

SUBDIVISION Swann Crossing BLOCK / SECTION 3 LOT 16 LOT AREA 1.62 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. ~~.80~~ 13 (.25 Repair)

Septic Tank: 1000 Gallons: STB 3823 Date 3-28-07

Pump Tank: 1000 Gallons: PT 3012 Date 3-20-07

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 Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: 30% Red Pud

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

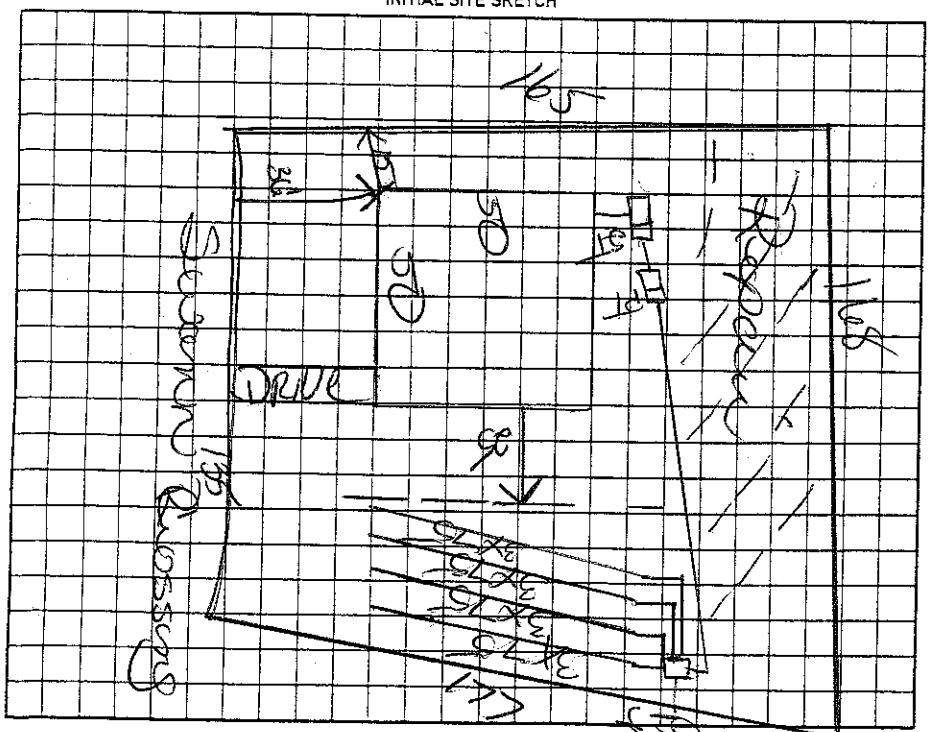
Comments:/Conditions:

Blue Lot-Tite
Septic Mound
plan rev

Comments:/Conditions:

Call Health dept for
flagging before installation

INITIAL SITE SKETCH



AS BUILT SKETCH

Set Rep Mound 10/8/08
Added Drs 10/8/08

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 3-21-07

Improvement Permit by: _____ date 1-31-07

Authorization to Construct by: _____ date 8-8-08

Installed by: Rowan Septic

Operation Permit by: _____ date 11-4-08

Existing System Inspection by: _____ date _____

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