IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126294 PIN# 4803-73-9438 DATE 4-1-05

OWNER OR CONTRACTOR DAVID R. MEEHAN PHONE: Business (704) 902-0286 Home

ADDRESS 105 GALAX DR. STATESVILLE NC 28677

LOCATION HWY 115N TL LINNEYS MILL RD. GO ~2 MILES PROPERTY ON RIGHT AT BRUSHY MOUNTAIN ACRES SIGN

SUBDIVISION BRUSHY MTN ACRES BLOCK / SECTION LOT 8 LOT AREA 5.43 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 9/9/05
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines 6 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

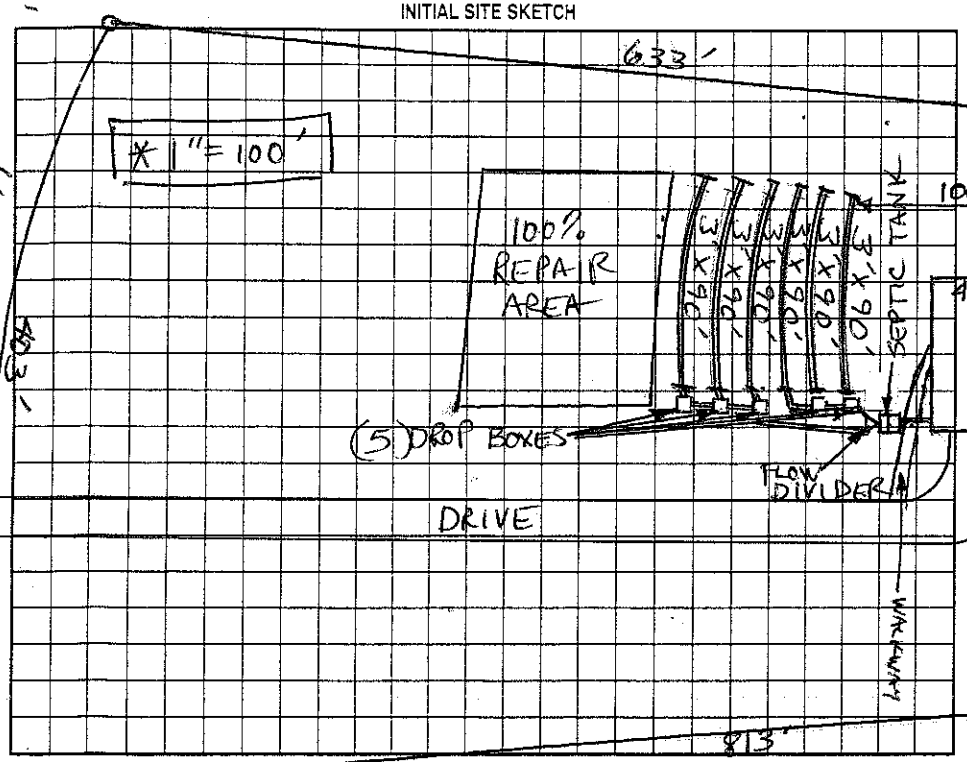
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

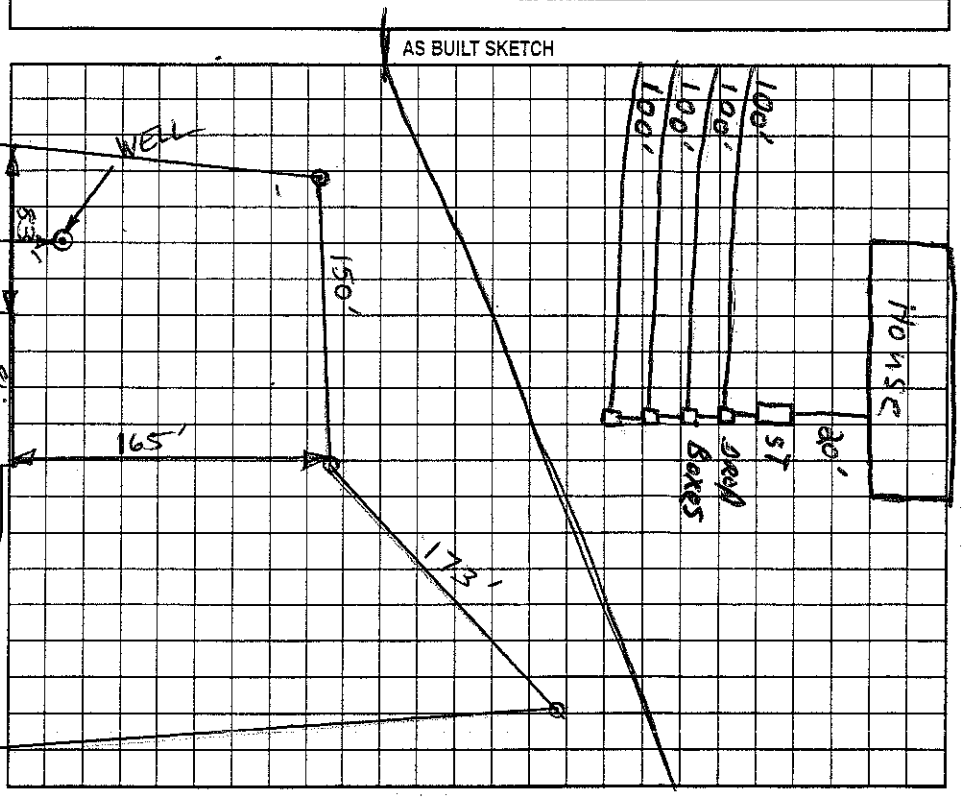
Comments:/Conditions: ① INSTALL LINES 28" ON CONTOUR
② MAINTAIN ALL SETBACKS

Comments:/Conditions: 5" W/ RISERS AND RED POLY-LOK FILTER INSTALLED WITH 100 QUICK-4 INFILTRATORS

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: [signature] date

Installed by: BRENT GALLIHAR

Improvement Permit by: [signature] LSS date 4-1-05

Operation Permit by: [signature] date 10/13/05

Authorization to Construct by: [signature] LSS date 4-1-05

Existing System Inspection by: date

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