IREDELL COUNTY HEALTH DEPARTMENT

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

(c1)

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

PERMIT# 129010 PIN# 4711-98-6726 DATE 6-6-05

OWNER OR CONTRACTOR JAMES EADES PHONE: Business 704-495-1105 Home 704-539-5129

ADDRESS P.O. BOX 302 UNION GROVE NC 28689

LOCATION BUFFALO SHOALS RD, TL CUPOLA ROAD, TR AMBER LANE, ON LEFT AT # 147

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.754 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1250 Linear Feet 125

No Lines 1 BED Trench Width 10 FEET Max Trench Bottom Depth 36" +/- Gravel Depth 10 INCHES

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms ____ No. Employees ____

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

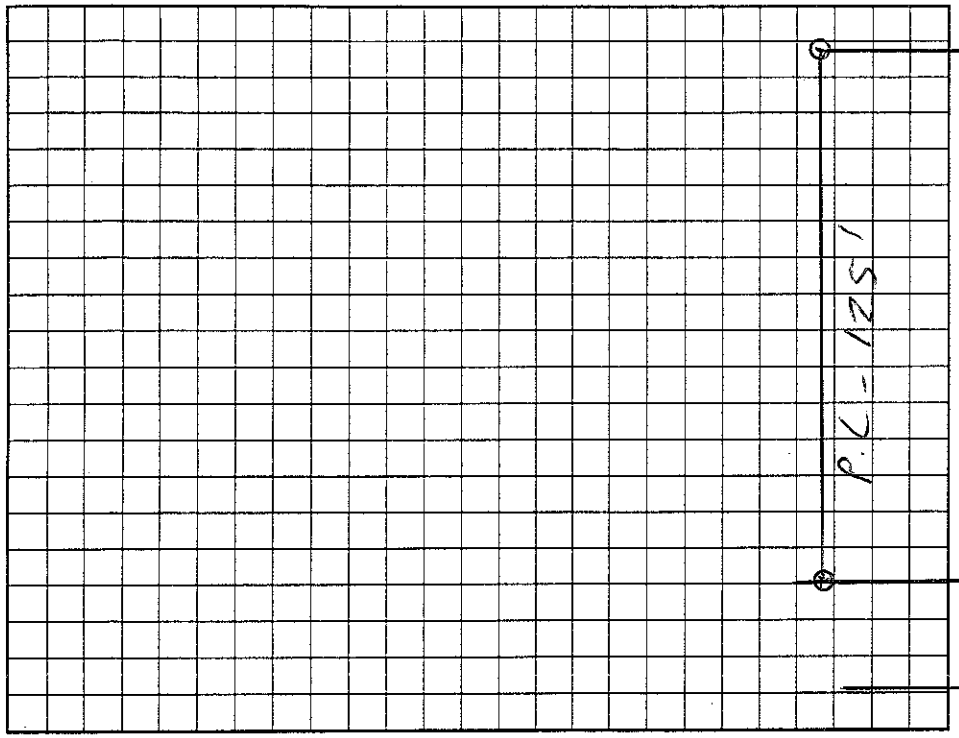
Water Supply: ☒ Individual ☐ Public ☐ Community

WELL

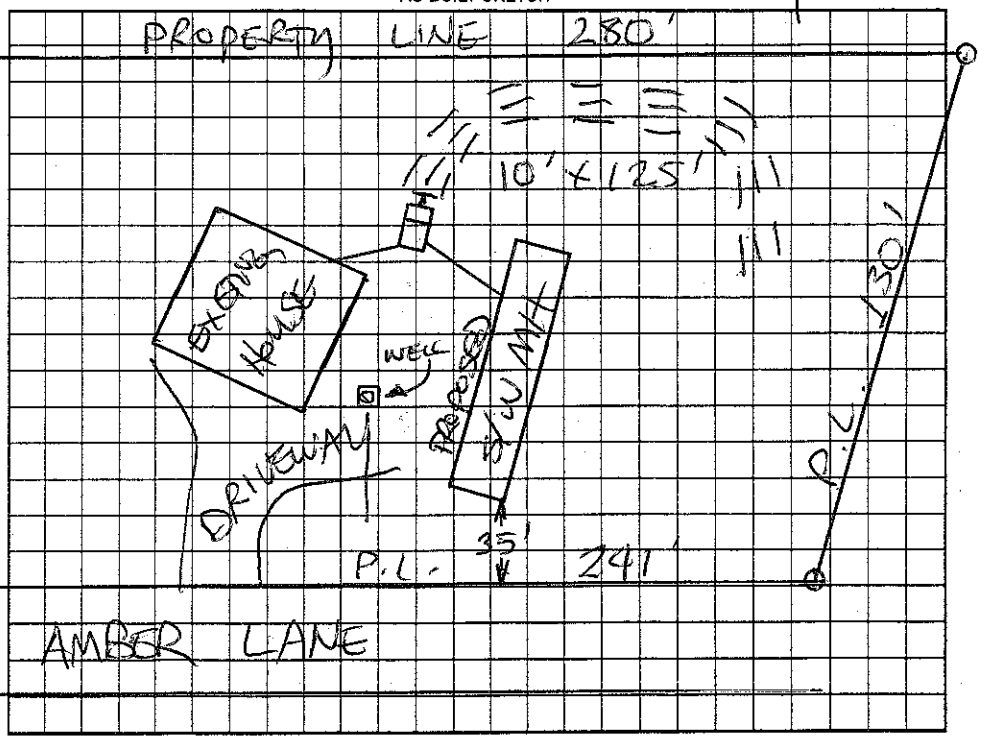
Comments:/Conditions:

Comments:/Conditions: KEEP MH MINIMUM 5 FEET FROM SYSTEM — SYSTEM SIZED FOR TWO BEDROOMS ONLY

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 _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 6-6-05

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