IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 084286 PIN# 4717 74 6684 DATE 11-8-99

OWNER OR CONTRACTOR BOBBY GRUBB PHONE: Business Home (704) 987-9236

ADDRESS 16120 McAULEY ROAD, HUNTERSVILLE, NC 28078

LOCATION NC 115 North, TL MIDWAY ROAD, LOT on RIGHT AT COVE GAP ROAD

SUBDIVISION MTN. VIEW EST BLOCK / SECTION ____ LOT 26 LOT AREA 1.05 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300+

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" ~~Min~~ Depth 3 AND 6"

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

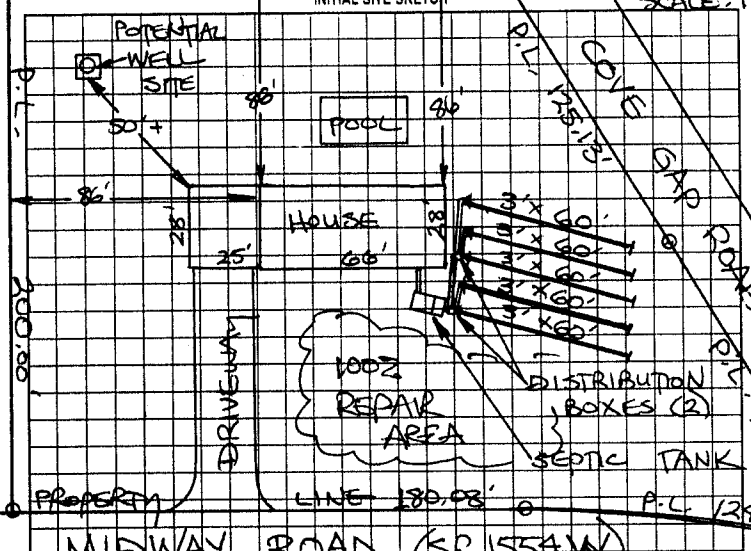
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS

EXCEED SYSTEM MINIMUM 100 FEET FROM WELL

Comments:/Conditions:

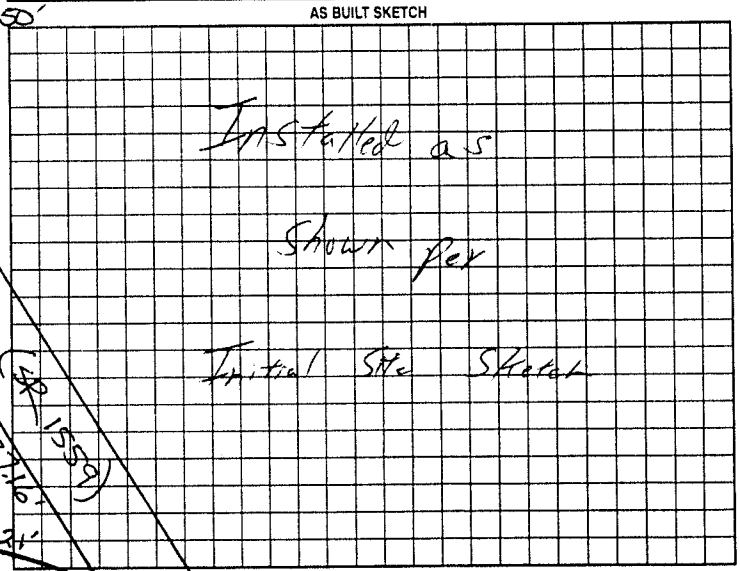
- Installed Infiltrator Chambers
- Poly Lok Filter Installed

INITIAL SITE SKETCH



SCALE: 1" = 50'

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: Bobby Gene Grubb date 11-9-99

Improvement Permit by: STEVE HEDRICK date 11-8-99

Authorization to Construct by: STEVE HEDRICK date 11-8-99

Installed by: Rivard Septic

Operation Permit by: William O. Johnson date 10/18/01

Existing System Inspection by: ____ date ____

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