IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92598 PIN# 4747 677221 DATE 11/3/00

OWNER OR CONTRACTOR Jerry Wallace PHONE: Business _____ Home (704) 592-2122

ADDRESS PO Box 118 Union Grove NC 28689

LOCATION 21 N, L Jennings, R Liz Dr, on Lt.

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 4.97AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 620 Date No DATE
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 3@90 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity Conv.
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

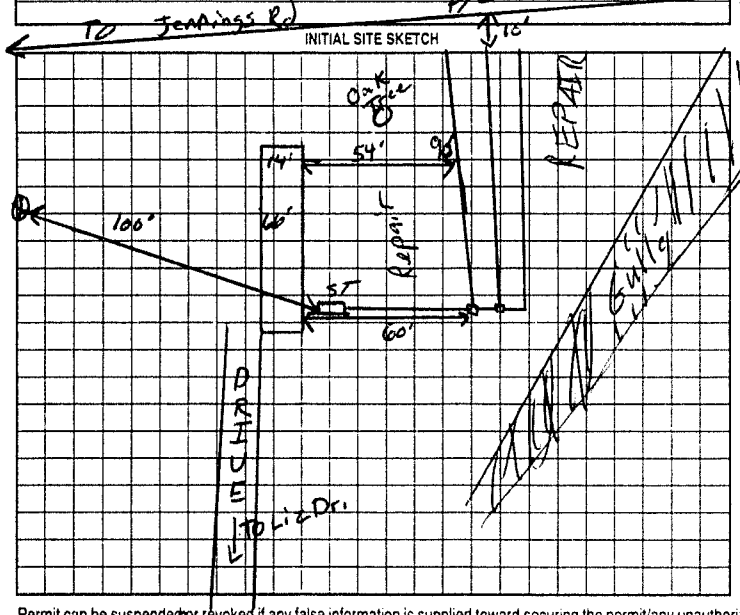
[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other
No. Bedrooms 2 No. Bathrooms 2 No. Employees ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH RISERS INSTALLED USING "ROCKLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Jerry D. Wallace date 11-6-00 Installed by: KENNY MADISON

Improvement Permit by: RSE date 11/3/00 Operation Permit by: STEVE HENDRICK date 11-13-00

Authorization to Construct by: RSE date 11/3/00 Existing System Inspection by: _____ date _____

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