IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# CHANGE OF USE PIN# 4763-04-7670 DATE 5-30-08

OWNER OR APPLICANT UAW LOCAL 3520 PHONE: Business 704-878-3191 Home 704-278-3145

ADDRESS 2290 SALISBURY HIGHWAY, STATESVILLE, NC 28677

LOCATION US 70 EAST, ON RIGHT AT BOX # 2290

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9.27 ACRES SITE CLASS. PS DESIGN FLOW 1125 L.T.A.R. 0.25 AR/FT²

Septic Tank: 2x3000 Gallons: STB _____ Date _____

Pump Tank: 6000 Gallons: PT _____ Date _____

GREASE TRAP Pump: 1,500 GALLON Serial No. _____

Nitrification Field: No Fields 5 Square Feet 10,440 Linear Feet 3480

No Lines THIRTY Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth _____

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

System Description: CONVENTIONAL PUMP

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☑ Yes ☐ No (IN PLACE)

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

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Persons 100

☑ Business No. Employees _____

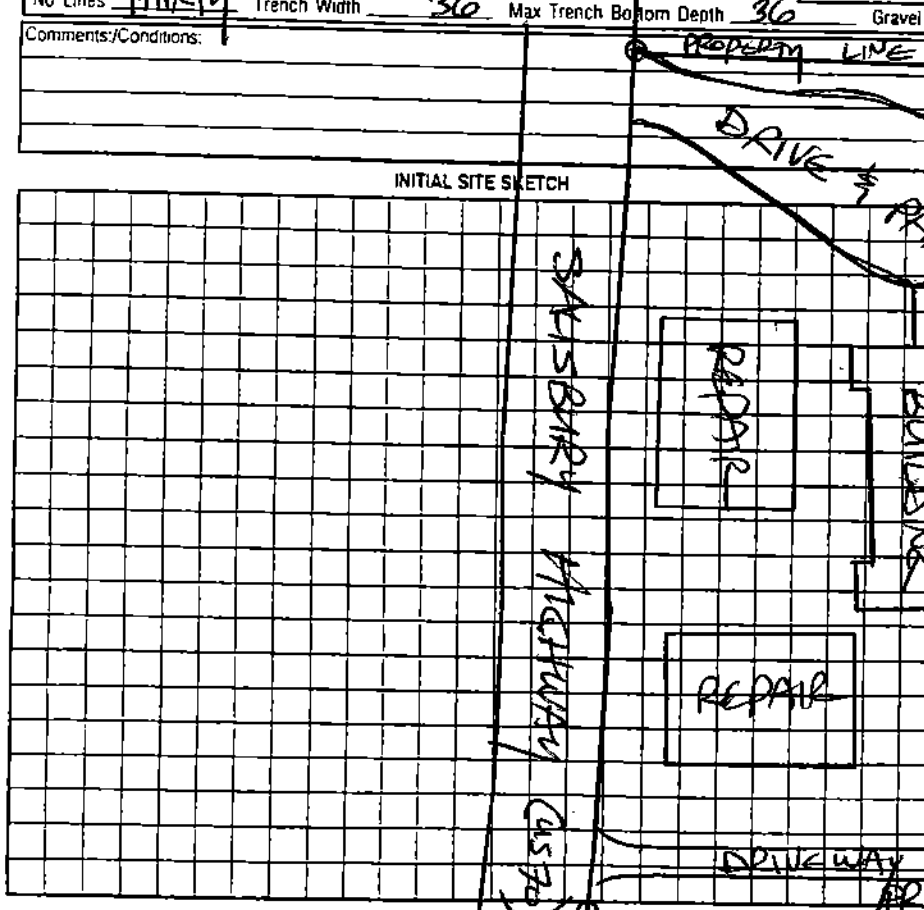
☑ Other UNION OFFICE & MEETING

Water Supply: ☐ Individual ☑ Public ☐ Community

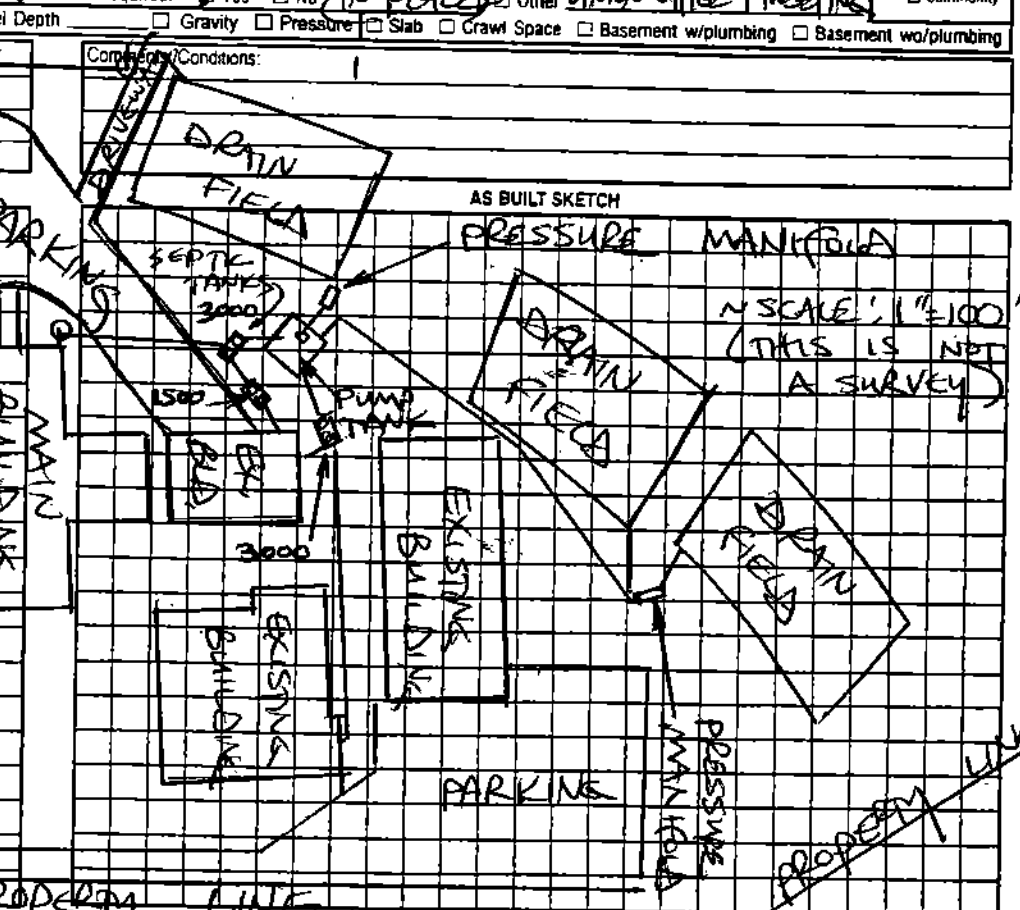
Comments/Conditions:

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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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HENDRICK date 5-30-08

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