* PERMIT REPLACES ONE ISSUED 2-28-05, NOW VOID

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125770 PIN# 4812-09-~~0039.001~~ 2145 DATE 4-14-05

OWNER OR CONTRACTOR PATRICIA D. ROGERS PHONE: Business _____ Home (704) 592-2131

ADDRESS 720 COOLBROOK RD. UNION GROVE, NC 28689

LOCATION HWY 115 N TL COOLBROOR RD. 2.5 MILES PROPERTY ON RIGHT IN SHARP CURVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.070 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 2-16-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30' Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

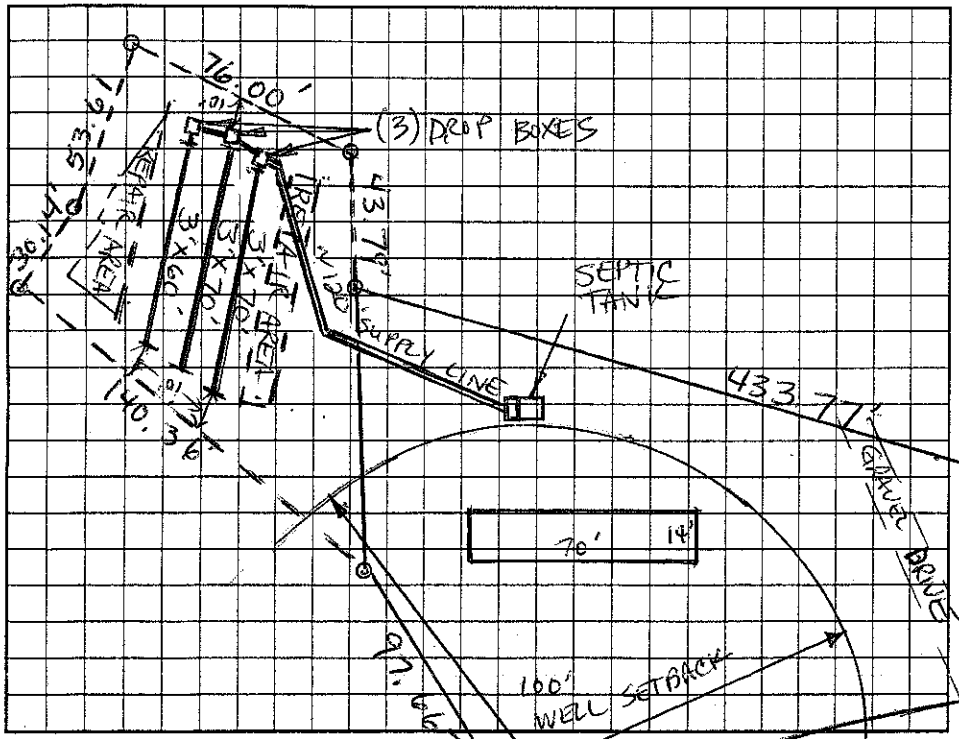
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

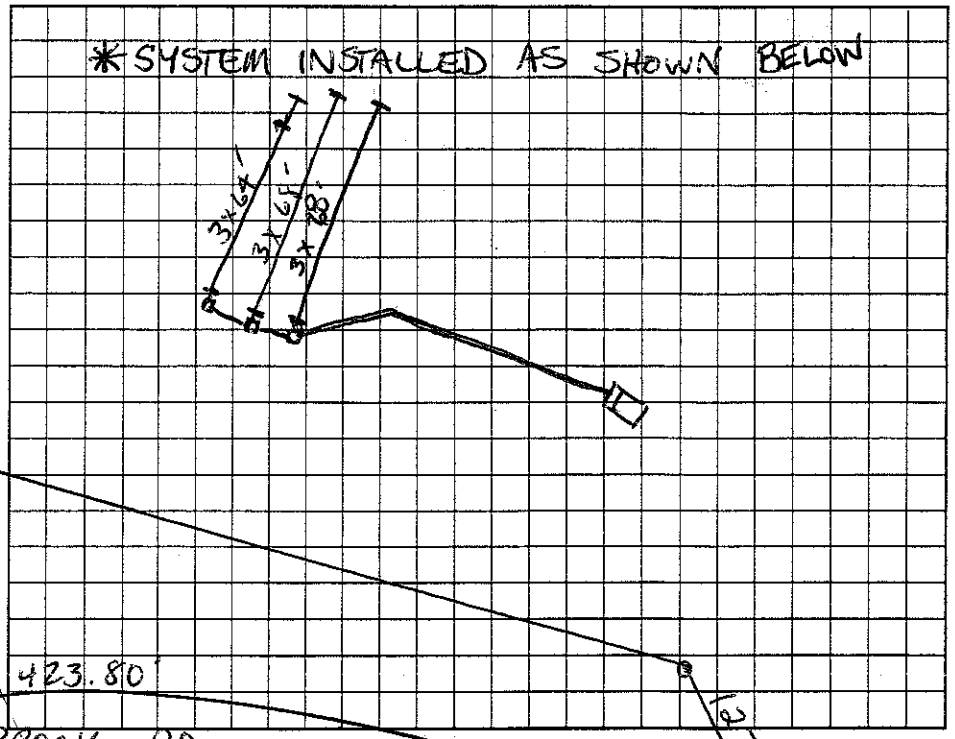
Comments/Conditions: ① INSTALL SYSTEM ON CONTOUR
② MAINTAIN ALL SETBACKS

Comments/Conditions: ① 'ABEL' FILTER IN TANK
② QUICK 4 STD-W H-10 CHAMBERS

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: Patricia D Rogers date _____ Installed by: IREDELL BACKHOE & SEPTIC

Improvement Permit by: Christopher M. Stevens, LSS date 4-14-05 Operation Permit by: Christopher M. Stevens, LSS date 4-21-05

Authorization to Construct by: Christopher M. Stevens, LSS date 4-14-05 Existing System Inspection by: _____ date _____

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