# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213979

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

PIN # 4803645361

APPLICANT: R W Wright Construction APPLICANT ADDRESS: 164 Foxglove Dr Statesville NC

SITE ADDRESS: 162 Barkers Grove Dr Union Grove NC PHONE: 704-876-6906 ALT. PHONE: 704-902-1443

SITE DIRECTIONS: 115 W to Linneys Mills Rd T/L go 3-4 miles T/R Barkers Grove Lot on right

SUBDIVISION: Brushy Mountain Acres SECTION: W/L LOT # 13 LOT AREA: 5.97ac DESIGN FLOW: Ex L.T.A.R.: Ex

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Ex | (gal) | STB | | Date | | | | |
| Pump Tank | | (gal) | PT | | Date | | | | |
| Pump Make | | Model | | | Serial # | | | | |
| # Nitrification Fields | Ex | # Lines | Ex | Linear Ft: | Ex | | | | |
| Trench Width | Ex | Max. Trench Bottom Depth | Ex | Gravel Depth | Ex | | | | |

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex

☐ Business No. Persons Ex

☐ Other No. Employees

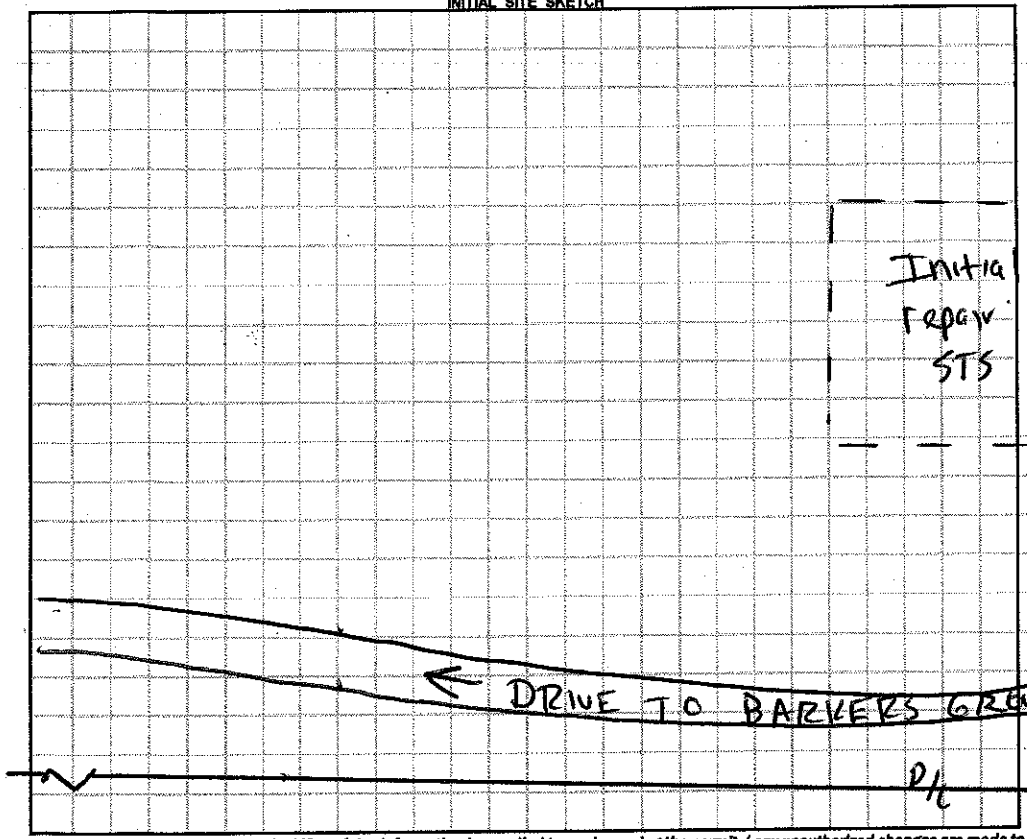
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

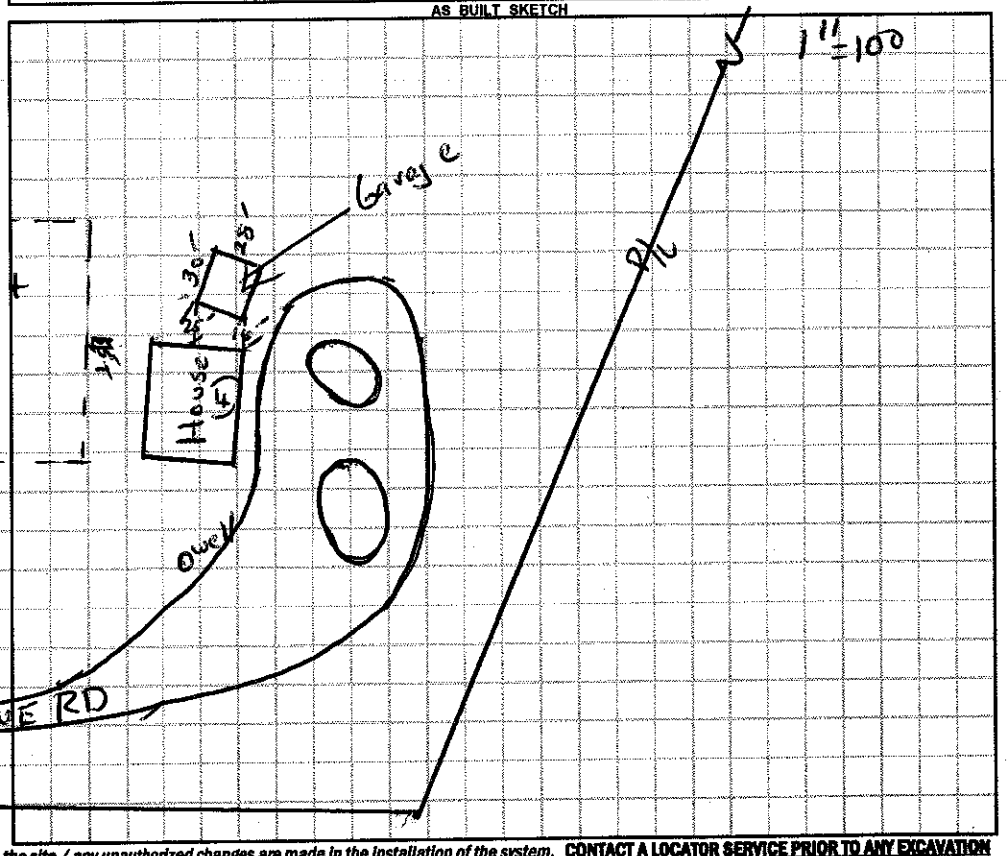
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: All building foundations must be 55' from any part of STS and 25' from any well

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.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Robert Wright Date: 10/22/15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Robert Hunter Date: 10/21/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK