IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14022 PIN# 4803-74-3990 DATE 1-26-07

OWNER OR APPLICANT MONIKA TOMPKINS PHONE: Business 704-664-6660 Home 704-664-9906 896-5957

ADDRESS P.O. BOX 247 UNION GROVE, NC 28689

LOCATION NC 115 NORTH, TL LINNEY'S MILL ROAD, TR HILLSDALE ROAD, 0.4 MILE ON LEFT

SUBDIVISION BRUSHY MTN. ACRES BLOCK / SECTION ____ LOT 2 LOT AREA 7.65 ACRES SITE CLASS. P3 DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 86-884 Date 12-28-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ER TO 1600 Linear Feet 400

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

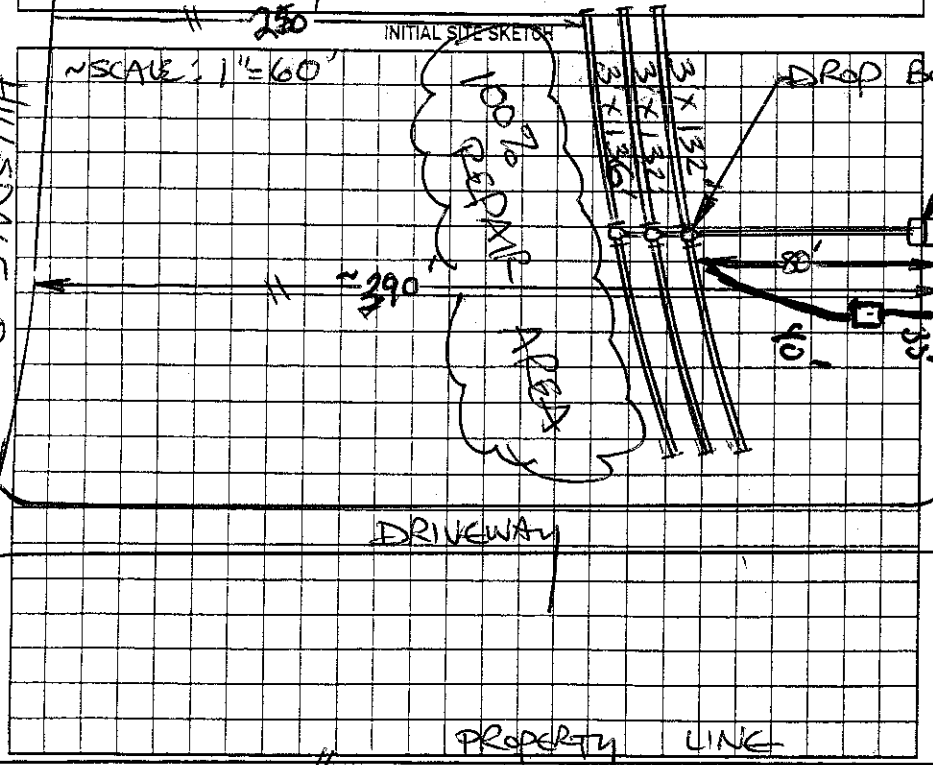
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

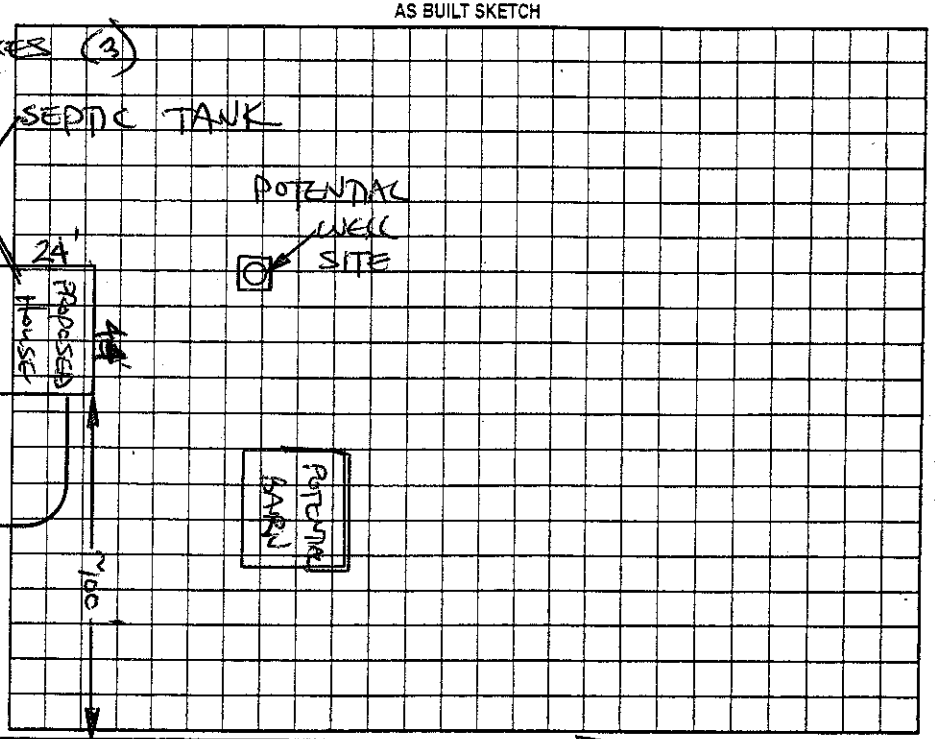
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM NO DEEPER THAN 30 INCHES MAXIMUM TRENCH BOTTOM.

Comments/Conditions: Filter installed. Inst-Filter.

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: [signature] date 1-26-07 Installed by: Brian Walker

Improvement Permit by: STEVE HENDRICK date 1-26-07 Operation Permit by: [signature], R.S. date 11 March 08

Authorization to Construct by: STEVE HENDRICK date 1-26-07 Existing System Inspection by: ____ date ____

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