IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 17263 2 PIN # 4863871929 DATE 5-24-12

OWNER Robin Tilley APPLICANT: Robin T. Tilley PHONE: Home/Cell # 704-592-2339 Business # N/A

SITE ADDRESS 277 Oak Hollow Rd. OWNER / APPLICANT ADDRESS 277 Oak Hollow Rd. Union Grove NC

SITE DIRECTIONS 115N; L on Linneys Mill Rd; R on Oak Hollow Rd.

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA .76 acres DESIGN FLOW 240 gpd. L.T.A.R. EX

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines ____ Linear Feet ____

Trench Width unknown Max. Trench Bottom Depth unknown Gravel Depth unknown

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

System Description: Existing

Repair System Description: N/A

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private

☐ Public

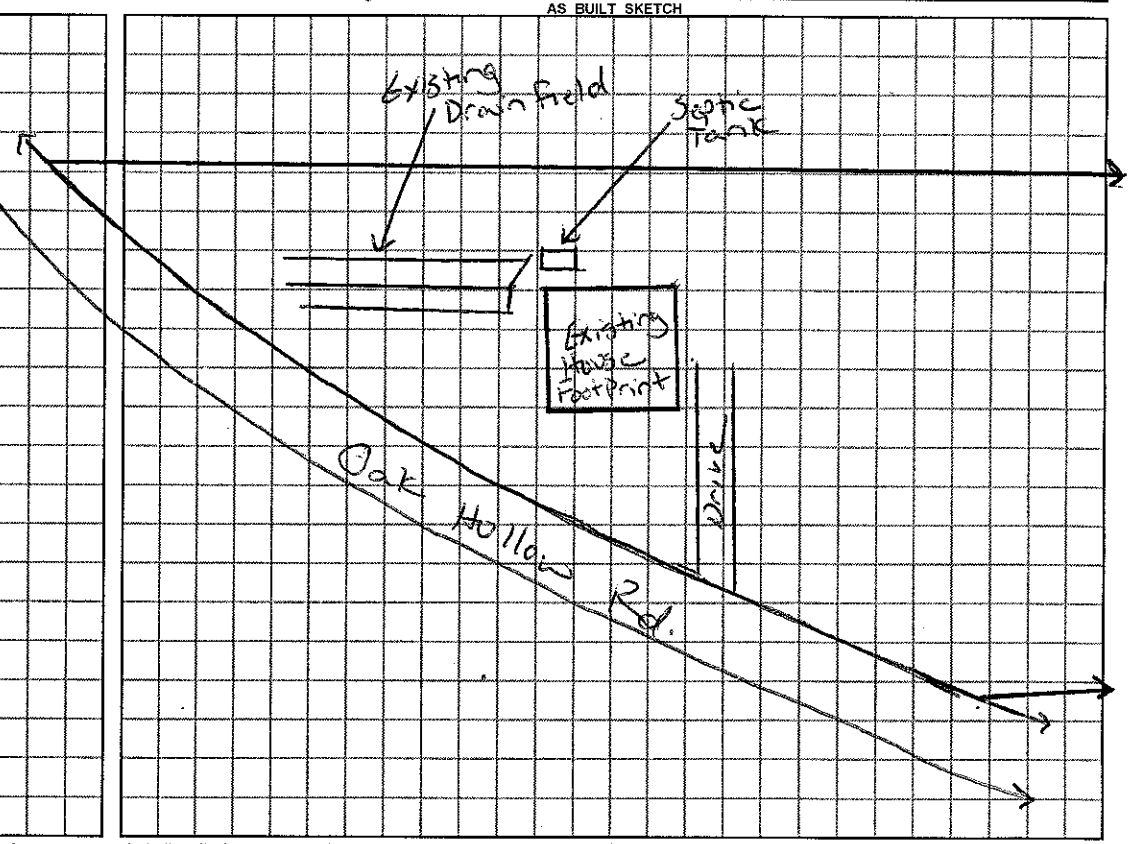
☐ Community

Comments / Conditions

- Wall between kitchen & existing bedroom to be torn down to combine into one big kitchen area; leaving 1 existing bedroom on 1st floor and 1 bedroom in 2nd floor addition

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

Owner / Applicant Signature: ____ Date ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Installed by: ____

OPERATION PERMIT by: ____ ***REHS*** Date ____

Existing System Inspected by: Justin Henderson ***REHS*** Date 5-24-12

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant