IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 153247 PIN # 4812-08-1028 DATE 12-22-08

OWNER or APPLICANT Michelle Norton PHONE: Business Home: (828) 485-7806 (cell)

OWNER or APPLICANT ADDRESS 741 Coolbrook Rd, Union Grove, NC

LOCATION / DIRECTIONS 115 N, (L) on Coolbrook Rd after Texaco on left, 741 on left

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 12.62 Acres DESIGN FLOW existing L.T.A.R. existing

Septic Tank existing Gallons: STB existing Date existing
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 2 Linear Feet 240
Trench Width existing Max. Trench Bottom Depth existing Gravel Depth existing ☒ GRAVITY ☐ PRESSURE

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: existing
Repair System Description: Recorded 11-27-1980
Maintenance Agreement Required ☐ YES ☒ NO

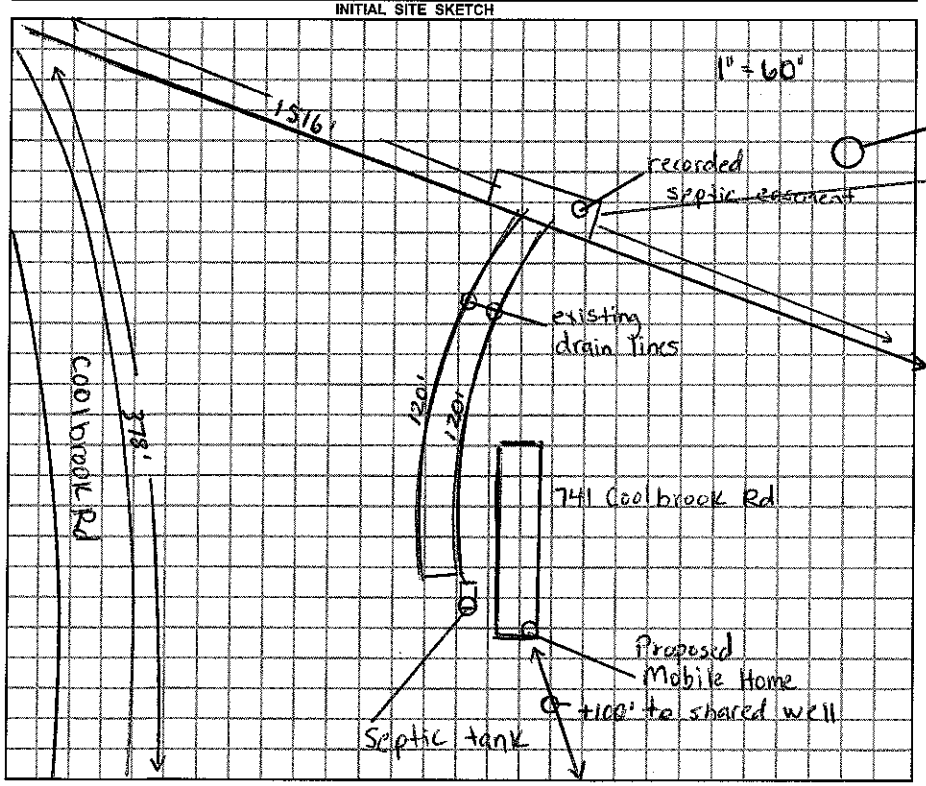
☒ Residence No. Bedrooms 3
☐ Business No. Persons ____
☒ Other No. Employees ____ mobile home
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions
*All setbacks must be maintained
*new mobile home must be placed on the same location as the prior mobile home.

INITIAL SITE SKETCH



AS BUILT SKETCH

* See attached easement *

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

Owner / Applicant Signature: Michelle K Norton Date 12/23/08

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Kyle Baker Date: 12-22-08

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant