IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074261 PIN# 4813038810 DATE 7-1-98

OWNER OR CONTRACTOR Jerry Cass PHONE: Business _____ Home _____

ADDRESS 231 Burke Farm Union Grove

LOCATION 115N TL Linney's Mill TL Burke Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 100

No Lines 2 Trench Width 3ft Max Trench Bottom Depth 3ft Gravel Depth 12in

(X) New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

(X) House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

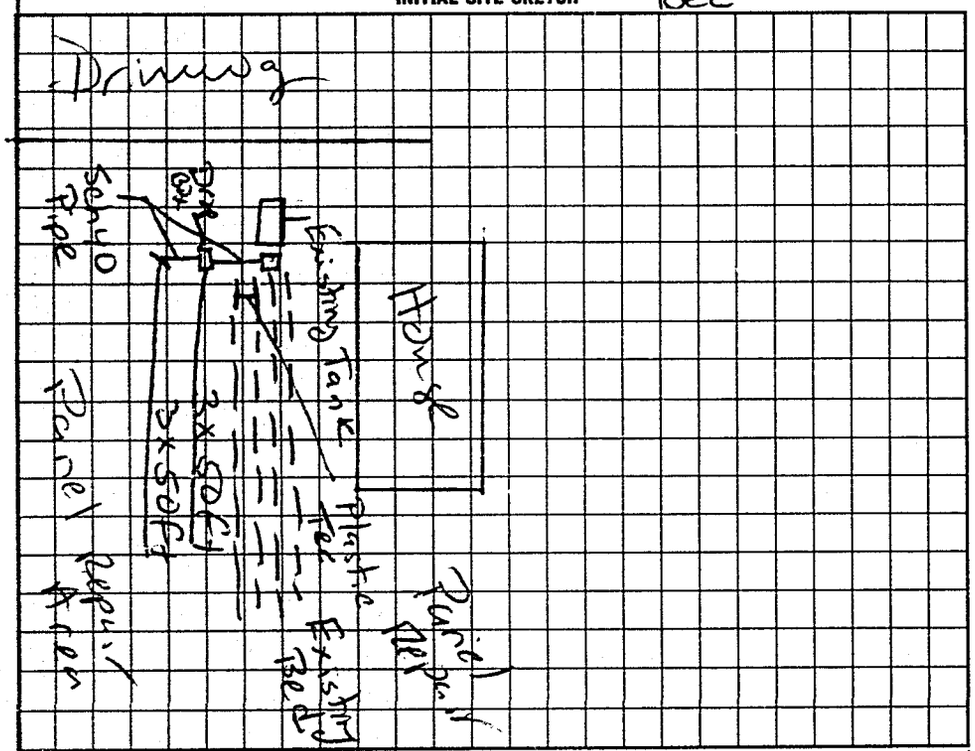
☐ Slab (X) Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: (X) Individual ☐ Public ☐ Community

Comments:/Conditions: keep lines 9ft on center, 50ft long 3ft wide 12in stone #5, #57 use Drop Box to feed 2 New lines use Black Plastic 'T' to replumb line in Bed

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch

I understand that this 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: Jerry W. Cass date _____

Improvement Permit by: Mark Coffers date 7-2-98

Authorization to Construct by: Mark Coffers date 7-2-98

Installed by: ~~Jerry~~ Union Grove S.T. Co.

Operation Permit by: B.C. Moore date 7-2-98

Existing System Inspection by: _____ date _____

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

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