IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208507

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

PIN # 4813 888 780

APPLICANT: Riley Scott Williams APPLICANT ADDRESS: 197 Sandburg Rd Union Grove NC 28689

SITE ADDRESS: 200 Sandburg Rd Union Grove NC 28689 PHONE: 704-903-8452 ALT. PHONE: N/A

SITE DIRECTIONS: From 115 take Sandburg Rd 4 tenths to intersection of Dottie Ln + Sandburg Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.99ac DESIGN FLOW: 240 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 854-600 Date 11-18-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 200
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

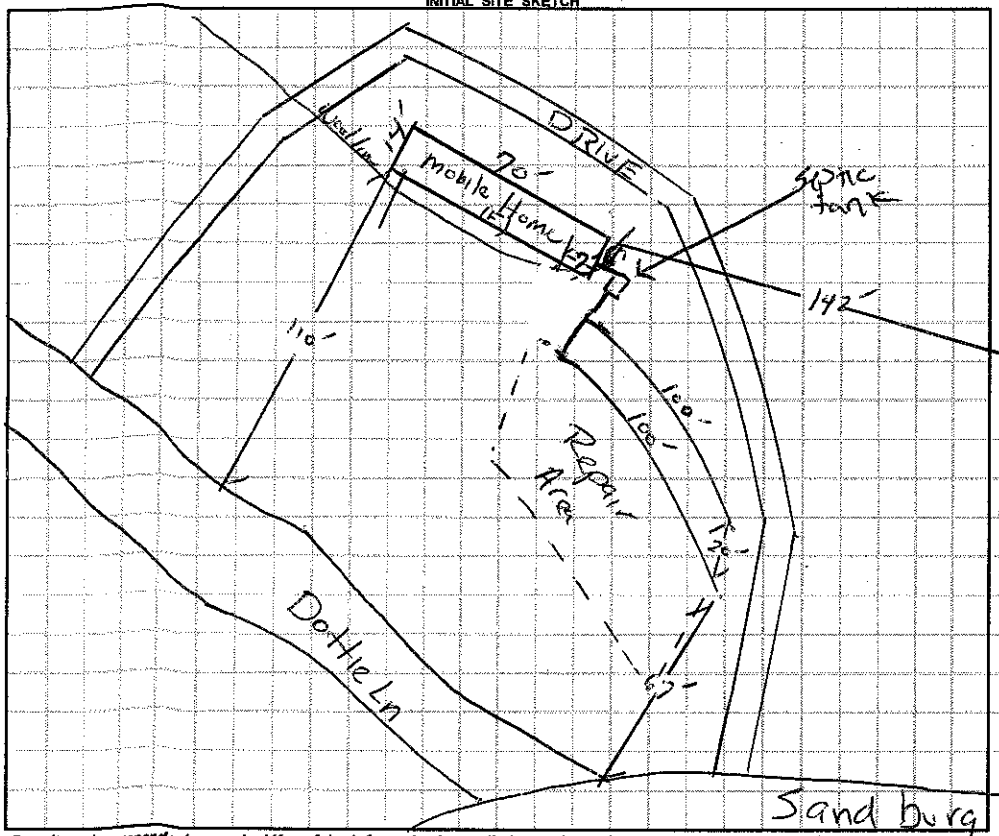
[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: 25% Reduction
Repair System Description: 25% reduction
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 2
[ ] Business No. Persons 4
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

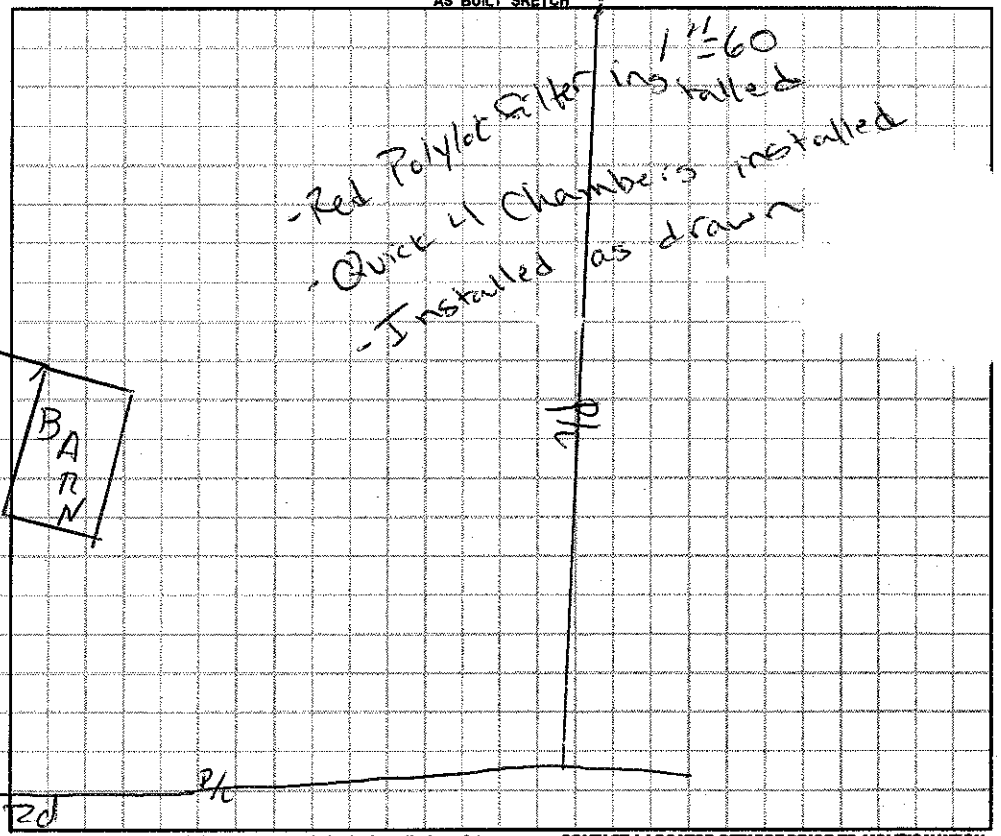
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% on contour with serial distribution

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: Kelly Welborn

IMPROVEMENT PERMIT by: Date: 12/03/14 OPERATION PERMIT by: Date: 3-17-15

AUTHORIZATION TO CONSTRUCT by: Date: 01/09/15 Existing System Inspected by: Date:

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