IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 153326 PIN# 4814502242.440 DATE 11-3-08

OWNER OR APPLICANT Richard Mathis PHONE: Business _____ Home 704-592-5971

ADDRESS 468 Mathis Drive Union Grove NC 28689

LOCATION 115 N → 2080 Rd Past 901 Mathis go to end cross bridge go to 3rd drive on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 113.78 SITE CLASS B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 7-25-08

Pump Tank 532 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields _____ Square Feet 1200 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% pump

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

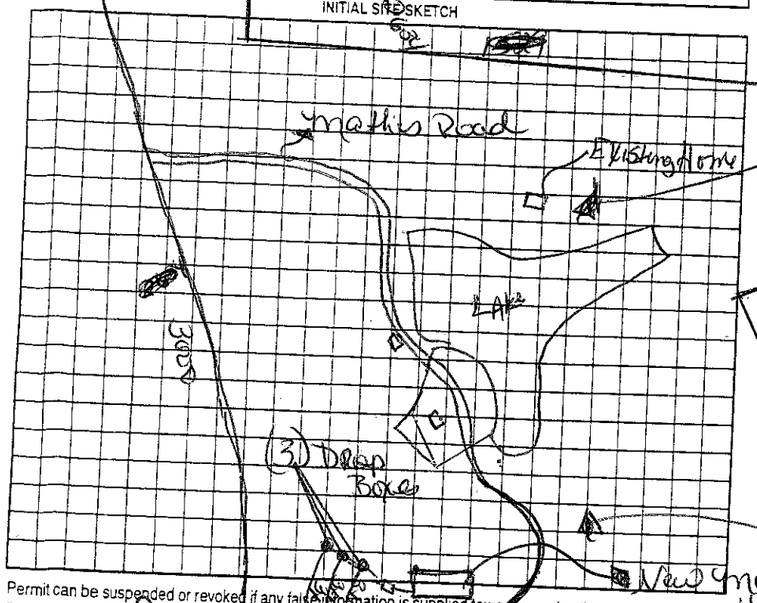
Comments:/Conditions:

1023

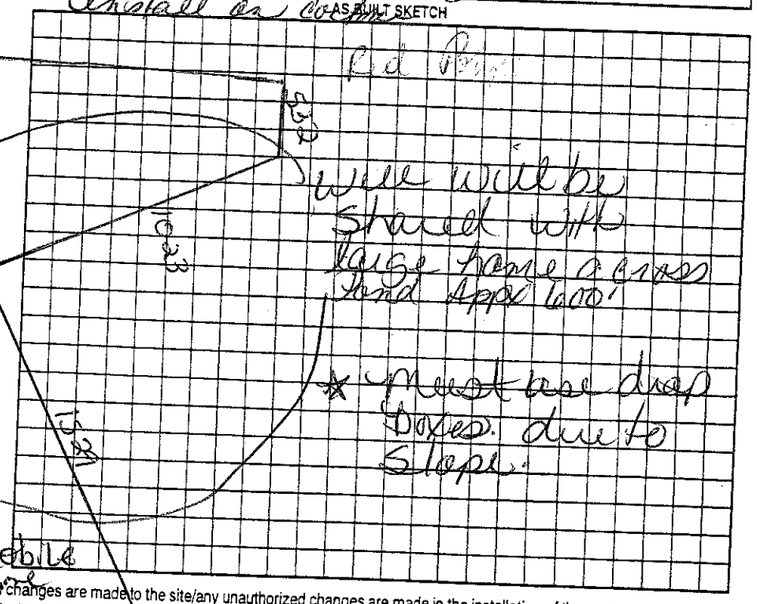
Comments:/Conditions:

Rake side walls
Maintain all setback
Install on

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: _____ date 11-3-08

Improvement Permit by: _____ date 2320

Authorization to Construct by: _____ date 11-308

Installed by: A-1 Backhoe

Operation Permit by: _____ date 12-5-08

Existing System Inspection by: _____ date _____

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