IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# DATE 5-16-01

OWNER OR CONTRACTOR ERIC D. WARREN PHONE: Business (704) 592-2451 Home (704) 592-4854

ADDRESS 123 CALLOWAY LANE UNION GROVE, NC 28689

LOCATION NC 115 NORTH, TL CALLOWAY LANE, 1ST MH ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 11-24-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I (II) III IV V VI
System Description: CONV. GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

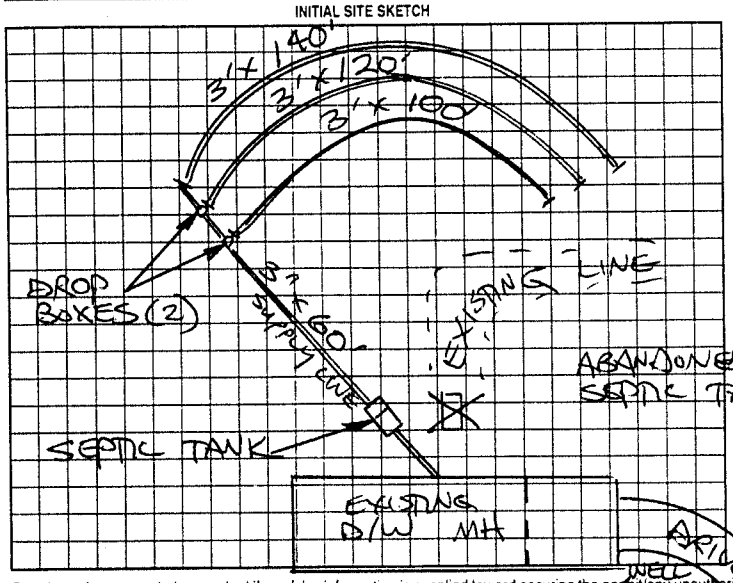
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: THIS PERMIT SERVES AS "NOTICE OF VIOLATION", SYSTEM TO BE REPAIRED BY 6-16-2001

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: X [signature] Warren date 5/16/01 Installed by: JAMES HUBLER

Improvement Permit by: STEVE HEDRICK date 5-16-01 Operation Permit by: STEVE HEDRICK date 5-18-01

Authorization to Construct by: STEVE HEDRICK date 5-16-01 Existing System Inspection by: _____ date _____

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