IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 094980 PIN# 4823 28 1600 (PART) DATE 12-31-01

OWNER OR CONTRACTOR LEE HAIRE PHONE: Business Home (704) 592-4445

ADDRESS 150 LINNEY'S MILL ROAD, UNION GROVE, NC 28689

LOCATION NC 115 N, TR FLETCHER ROAD, 0.2 MILE ON LEFT, 245' BACK OFF ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA 5.00 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

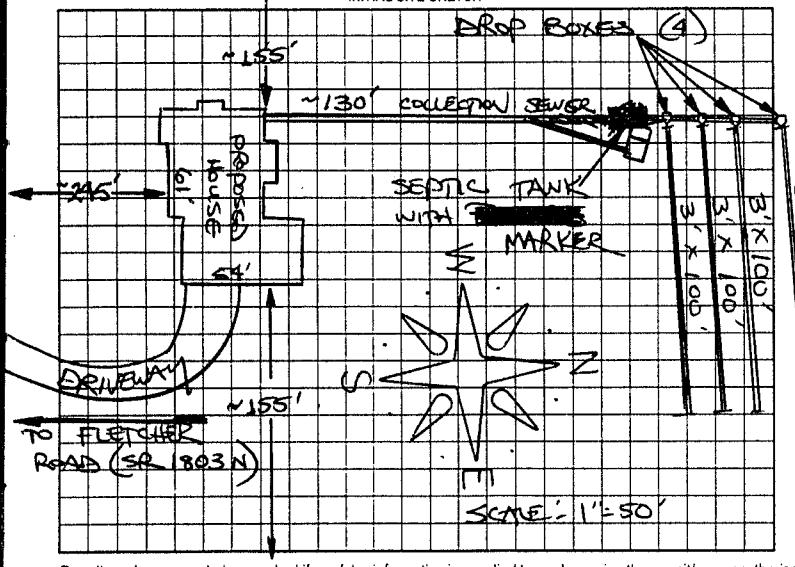
Water Supply: ~~Individual~~ ☐ Public ☐ Community

WELL

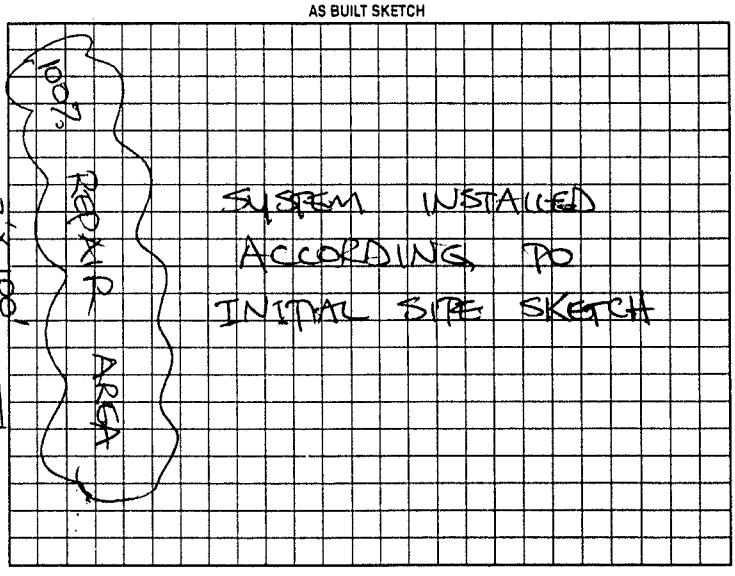
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

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

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: [signature] date 12-31-01 Installed by: KELLY WELBORNE

Improvement Permit by: STEVE HEDRICK date 12-31-01 Operation Permit by: STEVE HEDRICK date 9-30-02

Authorization to Construct by: STEVE HEDRICK date 12-31-01 Existing System Inspection by: date

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