IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13752 PIN# 4923779032 61525 DATE 11/5/07

OWNER OR APPLICANT Thomas Souther PHONE: Business 704 592 5403 Home 704 592 5403

ADDRESS Memorial Hwy, Union Grove, NC

LOCATION Take I-77 N to exit 65 - Turn left - go ~ 7.0 miles, property is on left in field.

SUBDIVISION n/a BLOCK / SECTION ____ LOT # LOT AREA 6.741 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 160 Date 10-2-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth ____

■ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

■ Gravity ☐ Pressure

■ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ■ Individual ☐ Public ☐ Community

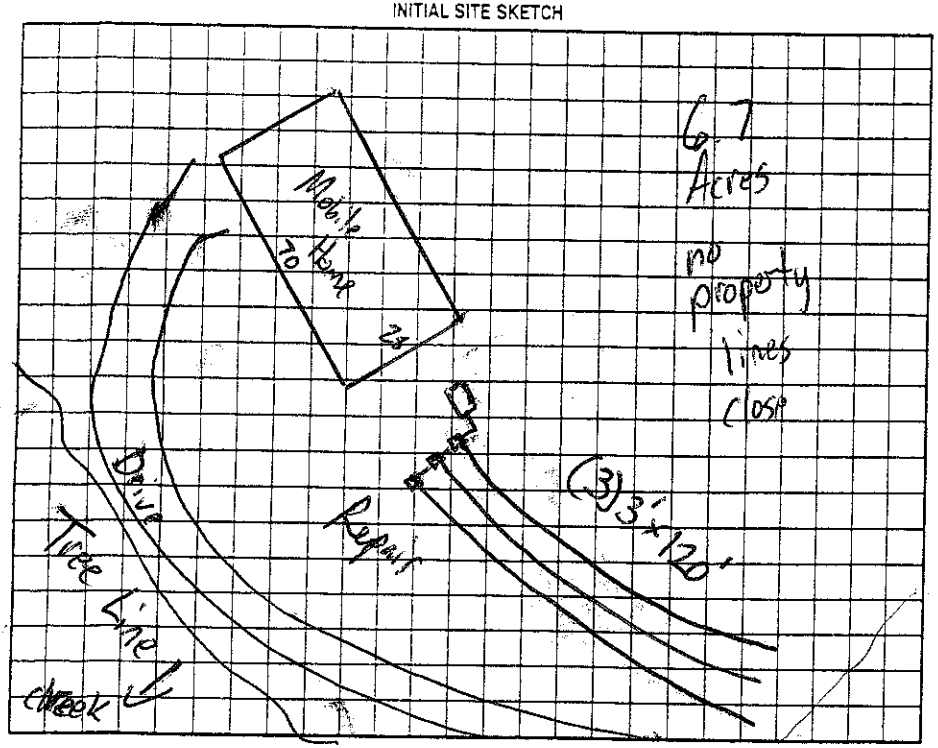
■ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

Gray 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: ____ date 11-6-07 Installed by: Leatherman Septic

Improvement Permit by: ____ date 11/5/07 Operation Permit by: ____ date 12-6-07

Authorization to Construct by: ____ date 11/5/07 Existing System Inspection by: ____ date ____

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