C1

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144756 PIN# 4824115960 DATE 19 September 07

OWNER OR APPLICANT Daniel RAY PHONE: Business 704-902-8142 Home 704-592-7051

ADDRESS 183 Nicholson Hill Dr Union Grove N.C.

LOCATION Hwy 115 N 6.1 mile past Hwy 901 - TR Nicholson Hill Dr - Go to END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.11 Ac. SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons; STB 1000 Date 10-7-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet = 800 Linear Feet 200
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30 Gravel Depth _____

☑ 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 ☐ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

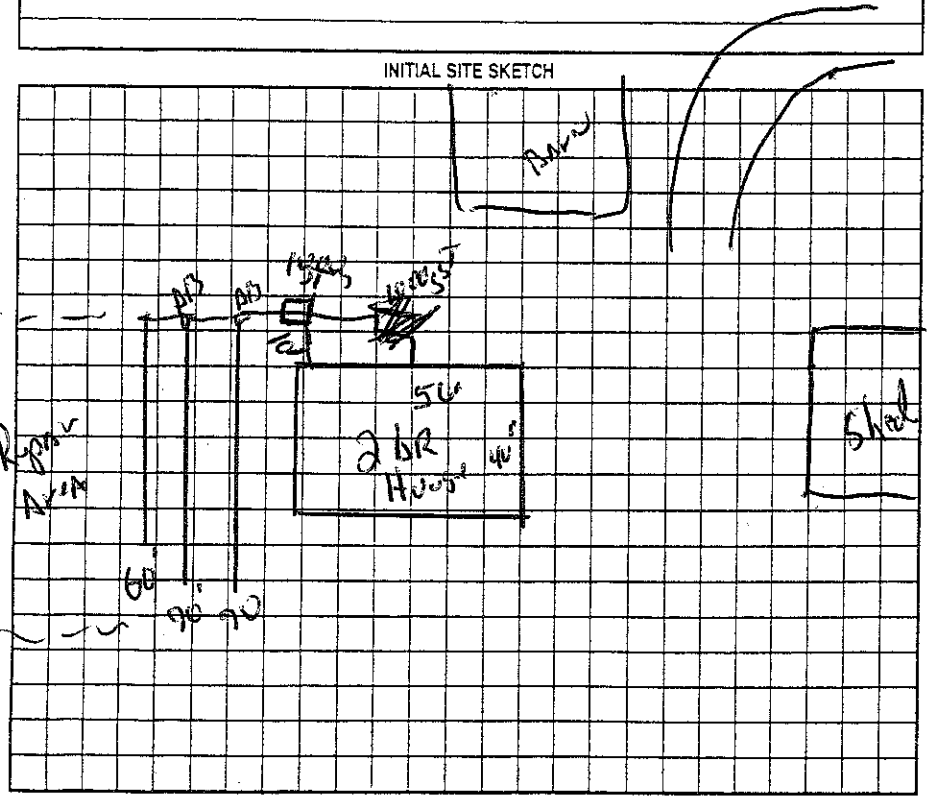
Water Supply: ☑ Individual ☐ Public ☐ Community

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

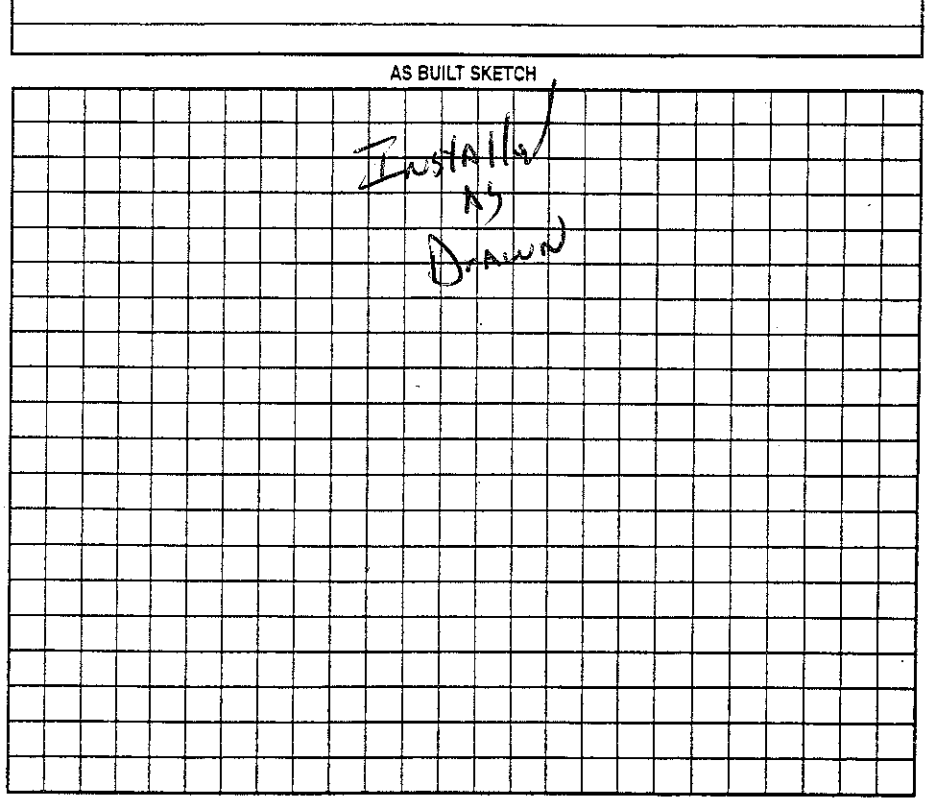
Comments:/Conditions:
Follow contour

Comments:/Conditions:

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: Daniel Ray date _____

Improvement Permit by: _____, R.S. date 19 Sept. 07

Authorization to Construct by: _____, R.S. date 19 Sept. 07

Installed by: James Hyatt

Operation Permit by: _____, R.S. date 14 Nov. 07

Existing System Inspection by: _____ date _____

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