IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079570 PIN# 4824 50 5756 DATE 5-5-99

OWNER OR CONTRACTOR CYNTHIA BEAVERS PHONE: Business 871-9300 Home 876-4754

ADDRESS P.O. BOX 144, UNION GROVE, NC 28689

LOCATION NC 115 NORTH, TR FLETCHER ROAD, NEXT TO LAST LOT ON RIGHT BEFORE 268

SUBDIVISION GRASSY KNOB BLOCK / SECTION ____ LOT 4 LOT AREA 2.09 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 284 Date 3-21-99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1035+ Linear Feet 350

No Lines FIVE 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: 25% REDUCTION Pump

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

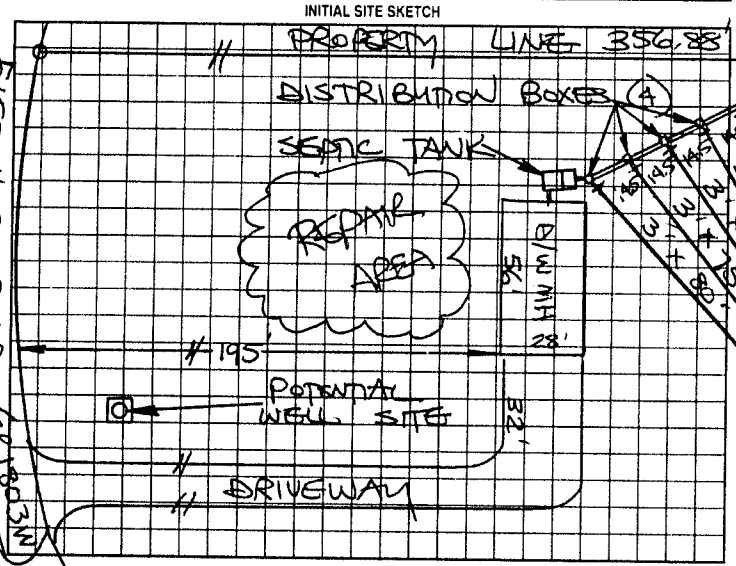
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

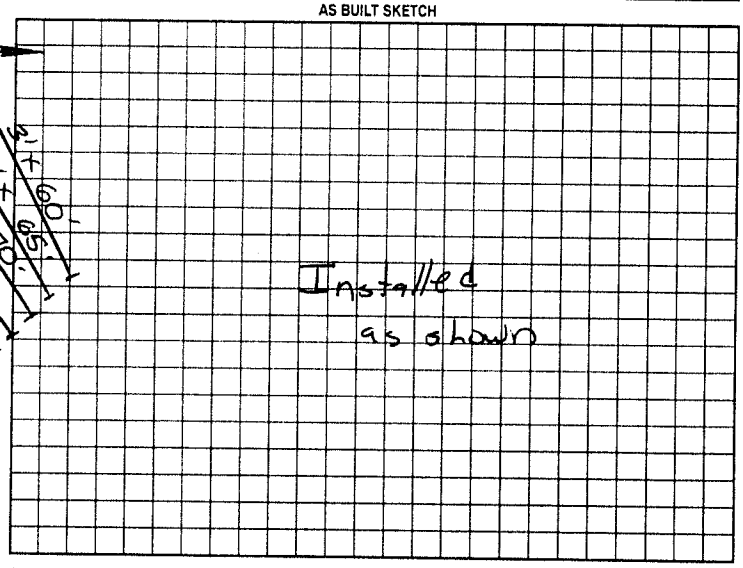
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

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: T Dale Craddock date 5-5-99 Installed by: Blackburn

Improvement Permit by: STEVE HEDRICK date 5-5-99 Operation Permit by: [illegible] date 6-3-99

Authorization to Construct by: STEVE HEDRICK date 5-5-99 Existing System Inspection by: ____ date ____

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