IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125777 PIN# 4824-51-7956 704-880-8392 CELL # DATE 3-23-05

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

ADDRESS 123 CALLOWAY LANE UNION GROVE NC 28689

LOCATION 115 NORTH (D) ZEB RD CROSS BRIDGE PROPERTY ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.51 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 3-15-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1920' Linear Feet 640'
No Lines 4 SPLIT/B Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 10"

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

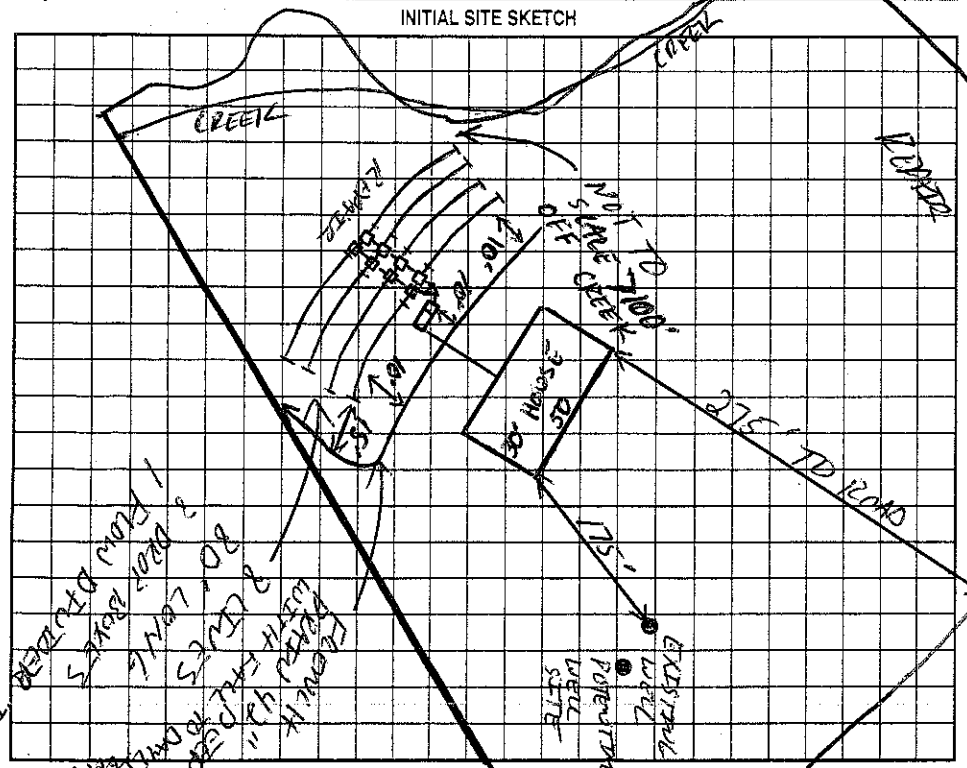
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SETBACKS (3) BASEMENT CUT ALREADY CUT AT TIME OF CHECK (4) KEEP FRENCH DRAIN 10' ABOVE & 15' TO THE SIDE OF THE SYSTEM.

Comments:/Conditions: (4) NOTE MAXIMUM TRENCH BOTTOM DEPTH IS 30" DEEP. TRENCH DRAIN IS 40" DEEP

INITIAL SITE SKETCH



AS BUILT SKETCH

SEPTIC TANK WITH MARKER INSTALLED

USING "ZABEL" FILTER.

SYSTEM INSTALLED ACCORDING TO INITAL 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: _____ date 3-23-05 Installed by: JAMES HYDER

Improvement Permit by: _____ date 3-23-05 Operation Permit by: STEVE HENDRICK date 5-4-05

Authorization to Construct by: _____ date 3-23-05 Existing System Inspection by: _____ date _____

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