IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075933 PIN# 4832668015 DATE 8-21-98

OWNER OR CONTRACTOR MARK GAITHER PHONE: Business Home 539-4139

ADDRESS 201 INDIAN HILL ROAD, UNION GROVE, NC 28689

LOCATION NC 115 N, TR PROSPECT, CONTINUE TRUMPET BRANCH, TL DOWELL ROAD, 0.5 MILE ON RIGHT

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 17.65 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-30-99
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 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

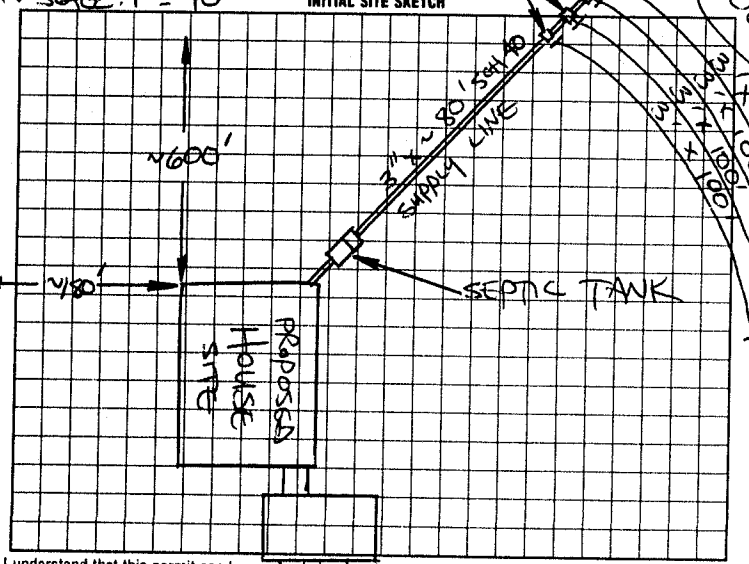
Comments:/Conditions:

DROP BOXES

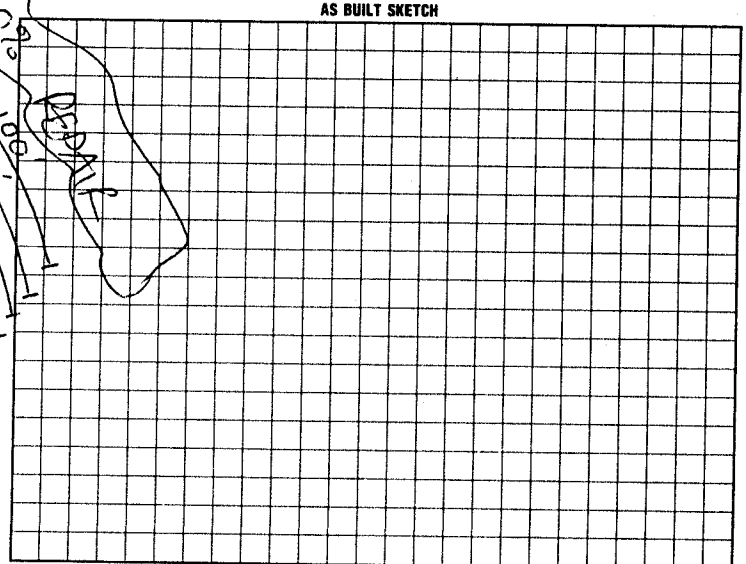
Comments:/Conditions:

~ SCALE: 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: + Mark A. Gaither date 8-21-98

Improvement Permit by: STEVE HEDRICK date 8-21-98

Authorization to Construct by: STEVE HEDRICK date 8-21-98

DRIVEWAY

Installed by: Brent Galliher

Operation Permit by: Mark Cutts RS date 8-6-99

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE | INSPECTION COPY (FINAL): GREEN | OWNER COPY (FINAL): YELLOW | INSPECTION COPY (INITIAL): PINK | OWNER COPY (INITIAL): GOLD