11-30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177307 NEW

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

PIN # 4843266144

APPLICANT: Darren Cass APPLICANT ADDRESS: 144 Warren Bridge Rd, Union Grove, NC 28689

SITE ADDRESS: 144 Warren Bridge Rd, Union Grove NC 28689 PHONE: 704 539-5314 ALT. PHONE:

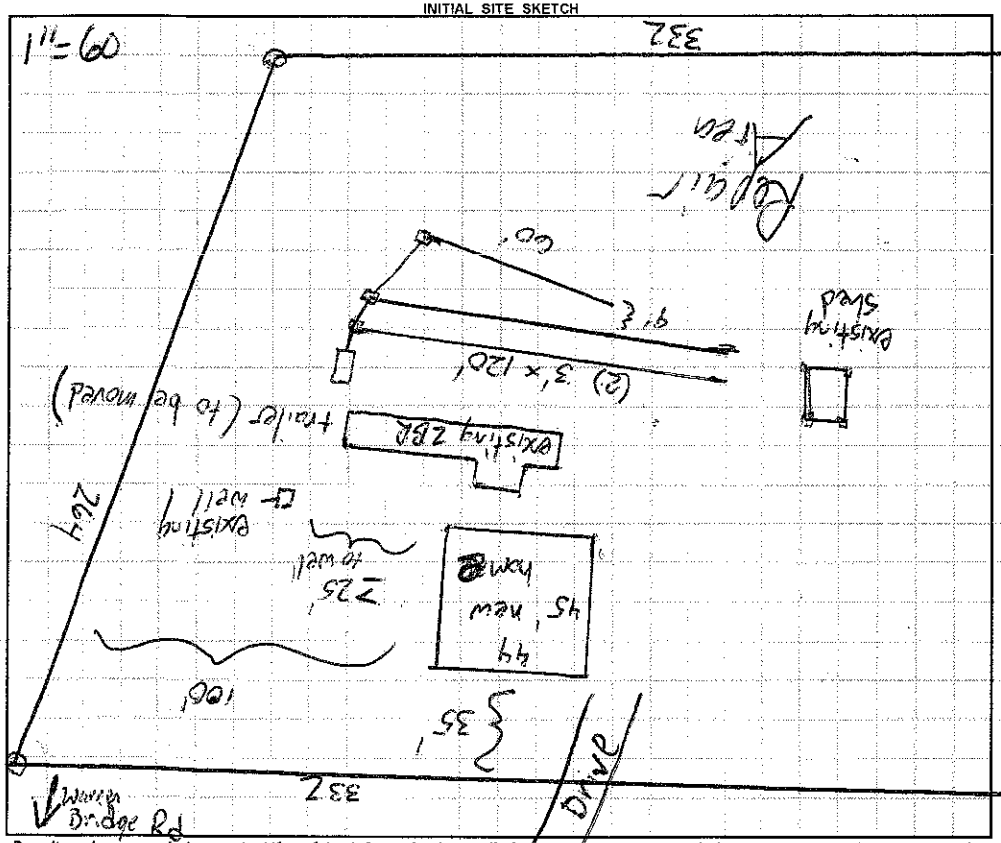
SITE DIRECTIONS: 77 N to (L) on exit 65, (R) on Warren Bridge Rd.

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: ~1.75 Acres DESIGN FLOW: 360 L.T.A.R.: .3

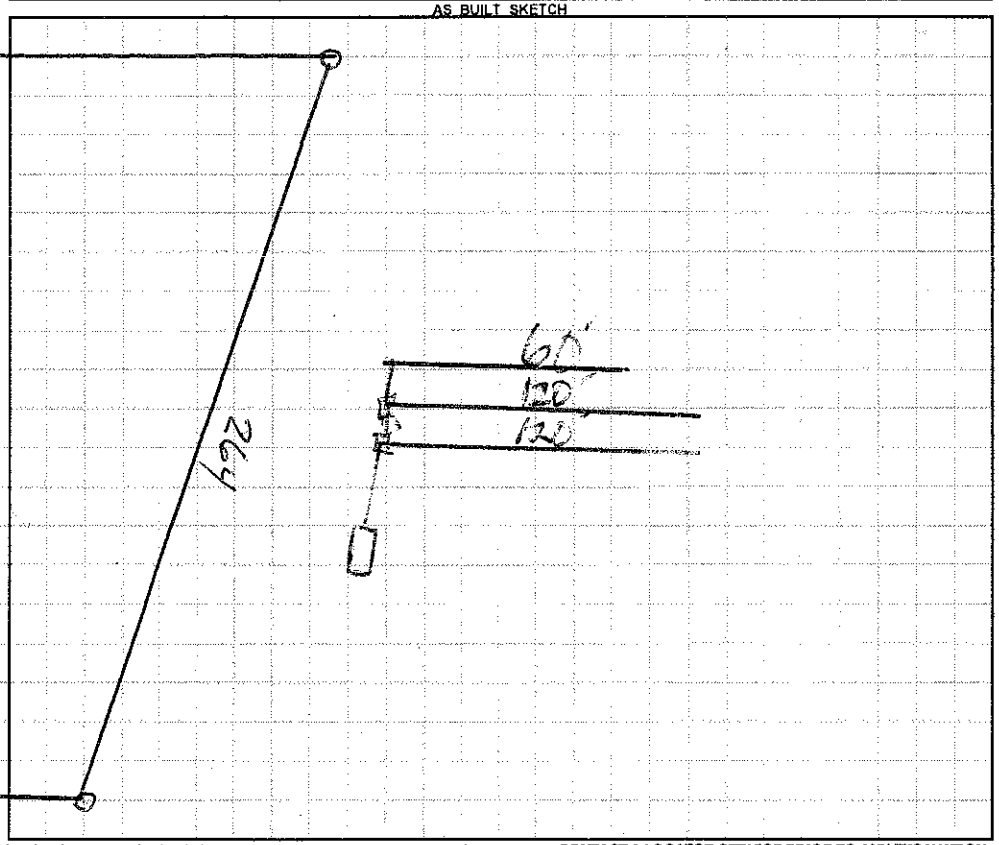
Septic Tank	1000 Ex. (gal)	STB Ex.	Date Ex	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction Gravity		☐ Business	No. Persons	☒ Private
Pump Make	Model		Serial #	Repair System Description: 25% Reduction Gravity		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 2 ex +(1)		Linear Ft: 60	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth 12" (ex)	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing	

Comments / Conditions: Install drop box on second line (if not already there) and add 60' of [redacted] 25% Reduction System in a 3rd line.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Wayne Hood Date: 3/12/13 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Date: 3-13-13 OPERATION PERMIT by: Date: 3-22-13

AUTHORIZATION TO CONSTRUCT by: Date: 3-13-13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK