IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208448

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

PIN # 4844500821

APPLICANT: Beverly Witherspoon APPLICANT ADDRESS: 405 Mitch Rd Union Grove NC 28639

SITE ADDRESS: 405 Mitch Rd Union Grove NC 28639 PHONE: 828-228-6554 ALT. PHONE: N/A

SITE DIRECTIONS: 901 to Warren Bridge Rd T/R Mitch Rd 1/4 mile to single wide on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.710 ac DESIGN FLOW: 240 L.T.A.R.: Ex

Septic Tank	Ex	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	Ex		# Lines	Ex	Linear Ft:	Ex					
Trench Width	Ex		Max. Trench Bottom Depth	Ex	Gravel Depth	Ex					

☐ New System ☐ Repair ☐ Expansion System Type: I ☒ III IV V VI

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

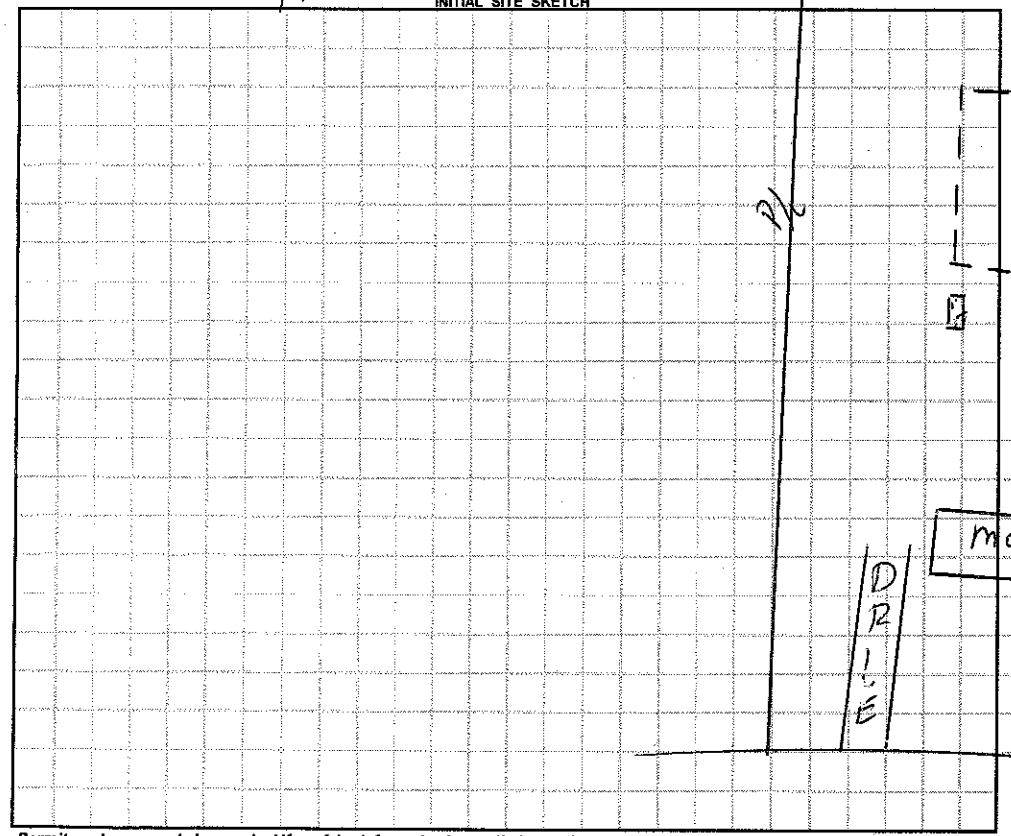
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

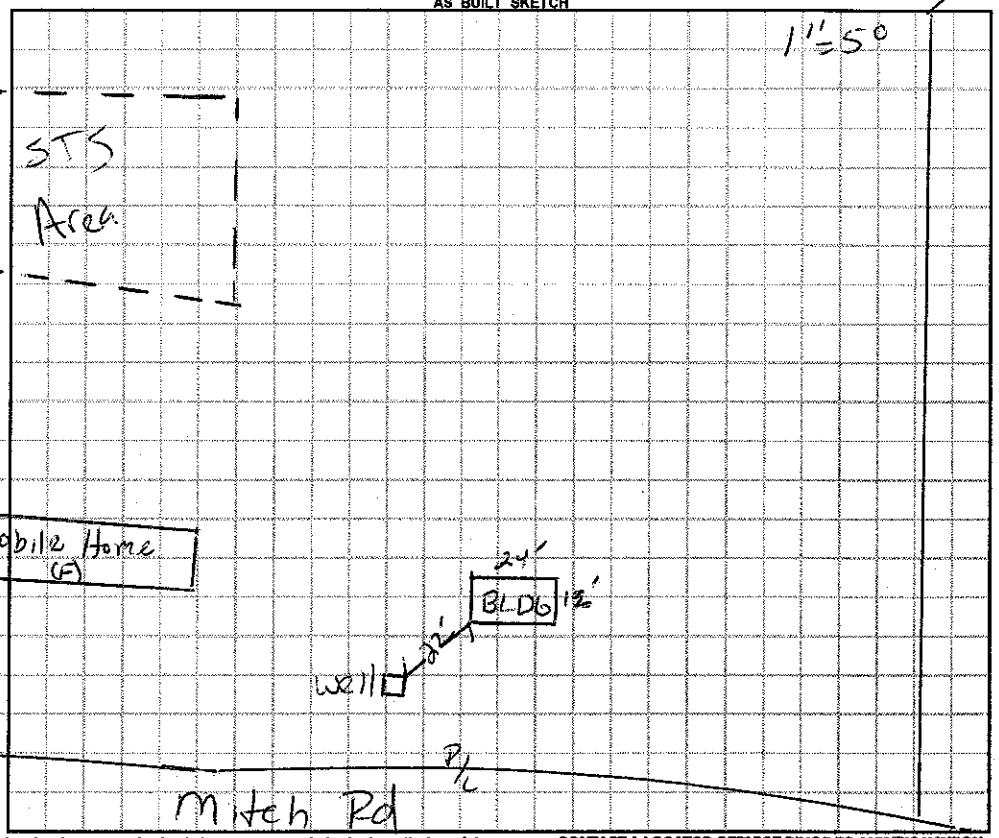
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: All building foundations must be 35' from any part of STS. Variance by NCDHHS bylaws well to be 27' from well Approval # JMB536

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: Beverly Witherspoon Date: 3/19/15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 03/19/15

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