IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 161107 PIN # 4853-15-6027 DATE 3 June 10

OWNER or APPLICANT Chad Gilreath PHONE: ~~Business~~ Cell (704)-838-6903 Home: (704) 838-6042

OWNER or APPLICANT ADDRESS 175 FORK IN THE ROAD, UNION GROVE

LOCATION / DIRECTIONS 901 - Turn onto Union Grove Rd. TL Fork in the Rd - Stay left - 00 to END.

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 10.04ac. DESIGN FLOW 360gpd L.T.A.R. 0.30/1.19/d

Septic Tank Exist. Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields____ No Lines____ Linear Feet_____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☐ Crawl Space

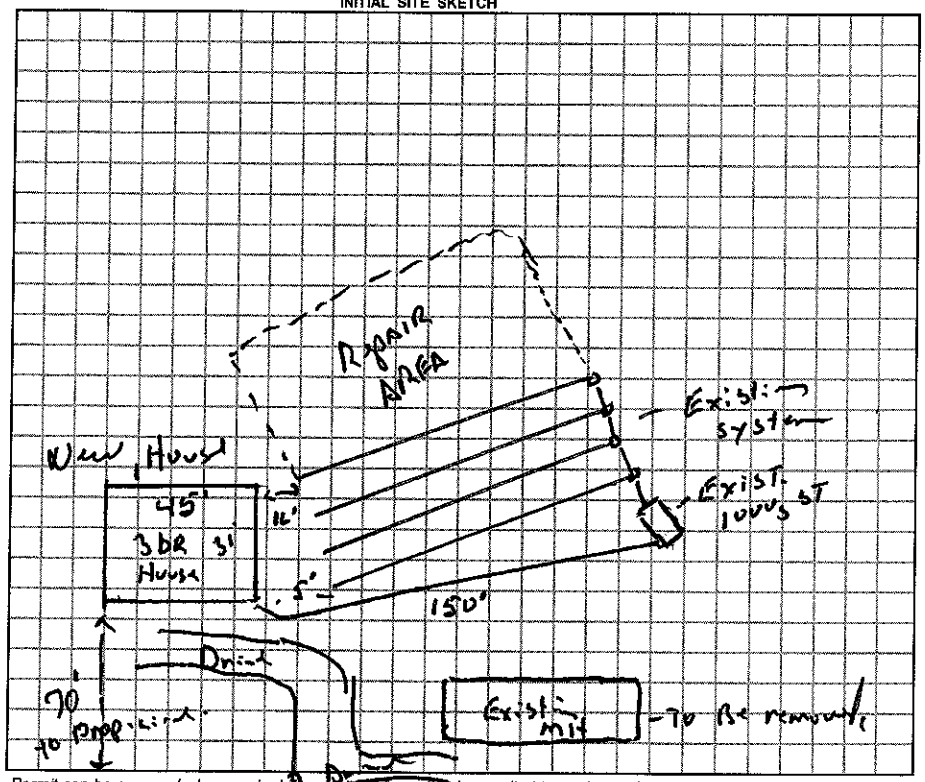
☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Plumbing from house to septic tank shall have 1/8" per foot or more fall. If elevation difference is insufficient, then pump system will be required.

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

Owner / Applicant Signature: _____ Date 4.28.10

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____, R.S. Date: 3 June 10

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant