IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135929 PIN# 4853570104 DATE 7-28-06

OWNER OR APPLICANT Custom Homes By Lisa Inc. PHONE: Business 704 902 0733 Home 704 876 4967

ADDRESS Union Grove Rd

LOCATION I77 to exit 65, left 901, right Union Grove Rd, property on right

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA 13022 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 9-9-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ~~1440~~ 1440 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth n/a

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

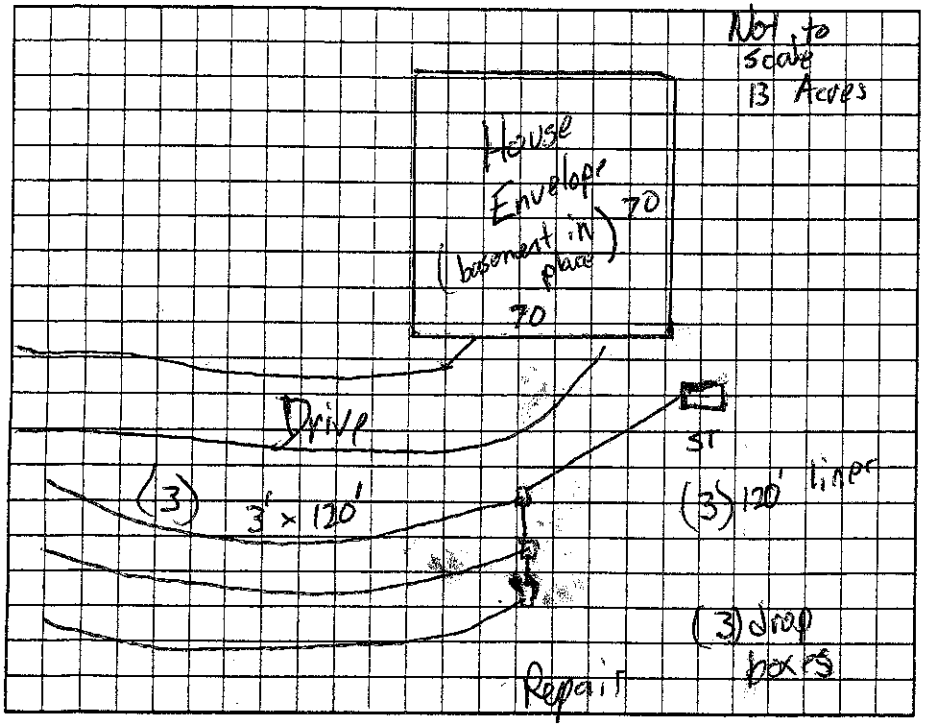
Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments./Conditions:

Comments./Conditions:
Red filter
no marker
no riser

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 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: Lisa C. Williams date ____
Improvement Permit by: James Queen date 7-28-06
Authorization to Construct by: James Queen date 7-28-06

Installed by: Kenny Madison
Operation Permit by: James Queen date 10/24/06
Existing System Inspection by: ____ date ____

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