(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130122 PIN# 4853 59 1835 5965 DATE 9/12/05

OWNER OR CONTRACTOR GARY CASS / JOHN CASS PHONE: Business 704 432 0149 Home 704 539 5388

ADDRESS 950 UNION GROVE RD UNION GROVE, NC 28689

LOCATION 77N 901 W @ UNION GROVE RD @ TUTTEROW @ LOT

SUBDIVISION N/A BLOCK / SECTION ____ LOT ____ LOT AREA 19.98 ACRES SITE CLASS PS DESIGN FLOW 480 gPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4-30-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: GRAVITY 25% Reduction
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth N/A

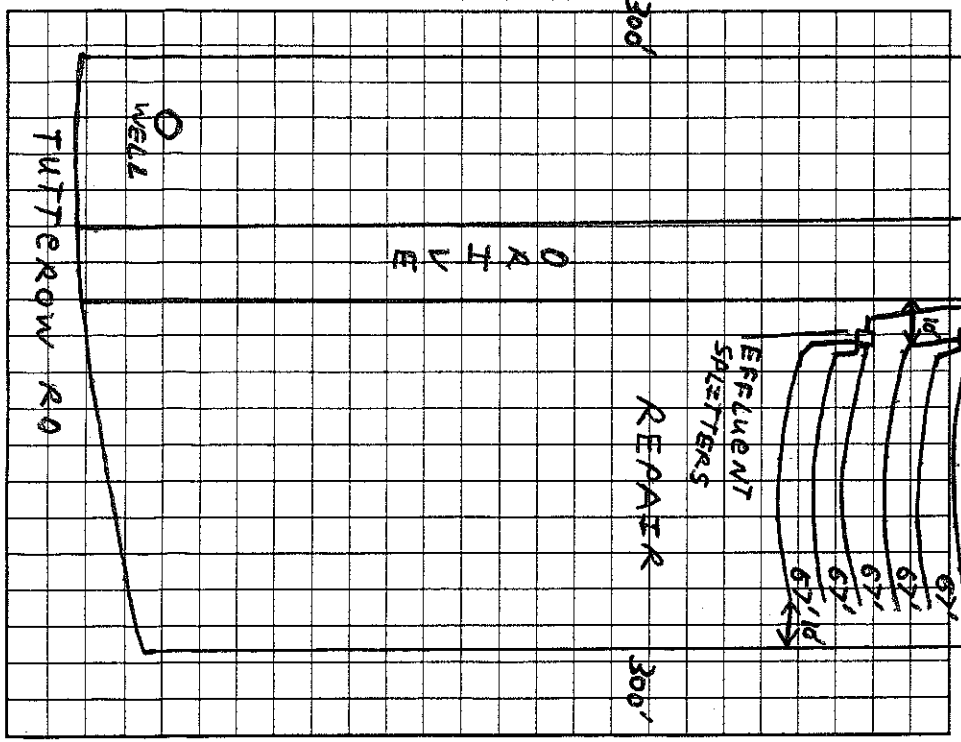
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____
[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

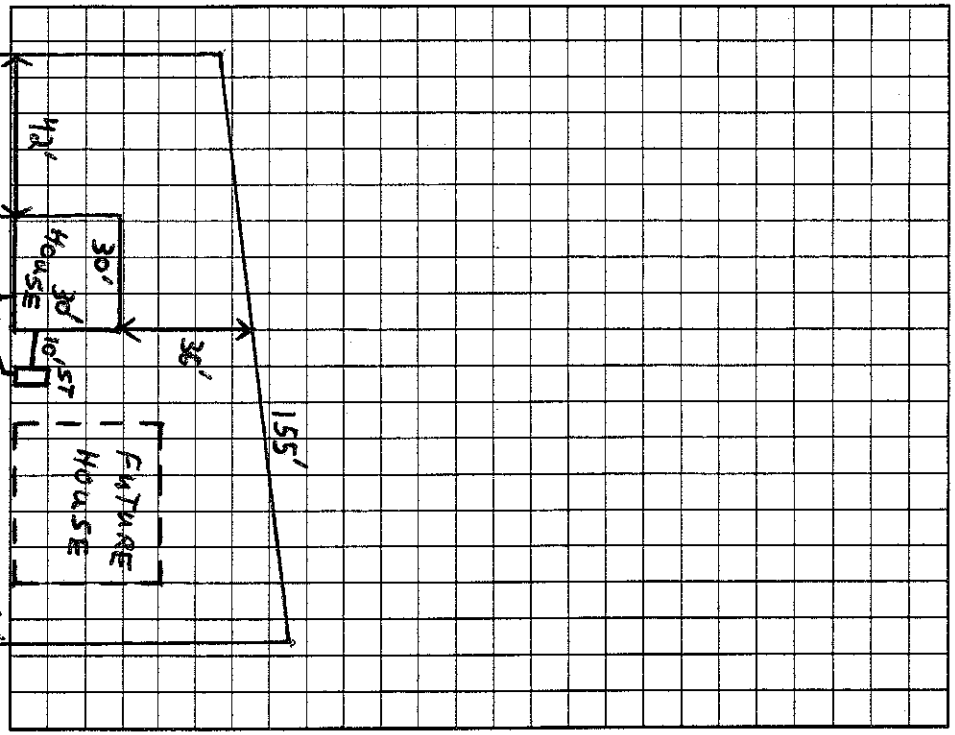
Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS
USE EFFLUENT SPLITTER SUCH AS ZOELLER TEE-FLO.

Comments:/Conditions:
Blue Filter
No ST make
No model

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: John Cass NR date 9/27/05 Installed by: Kenny Madison

Improvement Permit by: [signature] date 9/12/05 Operation Permit by: James Kenny date 6-20-06

Authorization to Construct by: [signature] date 9/12/05 Existing System Inspection by: ____ date ____

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