IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21457

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

PIN # 4854107756 2264

APPLICANT: Marcus Ireland APPLICANT ADDRESS: 198 Collier Rd Statesville NC 28625

SITE ADDRESS: 488 Howards Bridge Rd Union Grove NC PHONE: 704-872-7867 ALT. PHONE: 704-437-6468

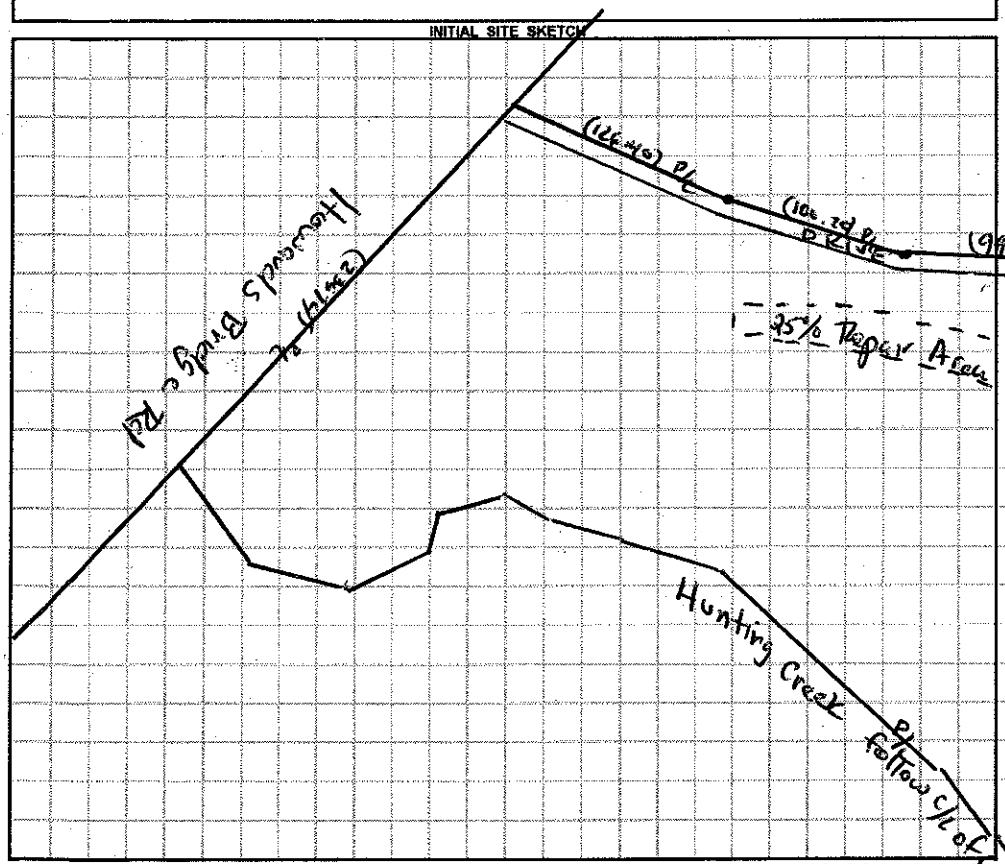
SITE DIRECTIONS: 77N T/L 901 T/R Howards Bridge Rd Lot on right after bridge.

SUBDIVISION: Rodney S. Feimster. SECTION: N/A LOT# 1 LOT AREA: 4.0ac DESIGN FLOW: 360 L.T.A.R.: 0.25

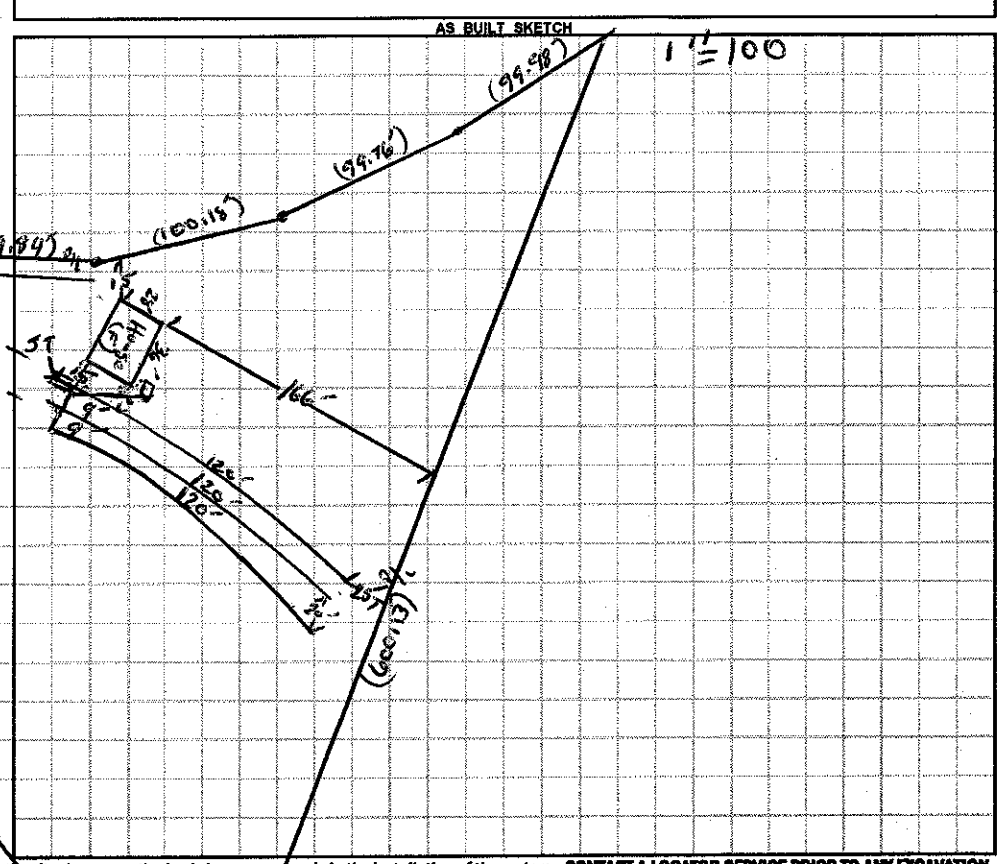
Septic Tank	1000 (gal)	STB	760	Date	6/1/16	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft:	240	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with Serial distribution.

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: _____ Date: _____ Installed by: Chad Lyons

IMPROVEMENT PERMIT by: _____ Date: 01/25/16 OPERATION PERMIT by: _____ Date: 9/1/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 02/24/16 Existing System Inspected by: _____ Date: _____

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