IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205481

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

PIN # 4854110458

APPLICANT: John Howard (redacted) APPLICANT ADDRESS: 301 Tatum Rd Olin NC 28660

SITE ADDRESS: 543 Howards Bridge Rd Union Grove NC PHONE: 704-881-2232 ALT. PHONE: 704-657-9243

SITE DIRECTIONS: I 77 N to exit 65 901 - T/L go to Howards Bridge Rd T/R go 1½ miles lot on left.

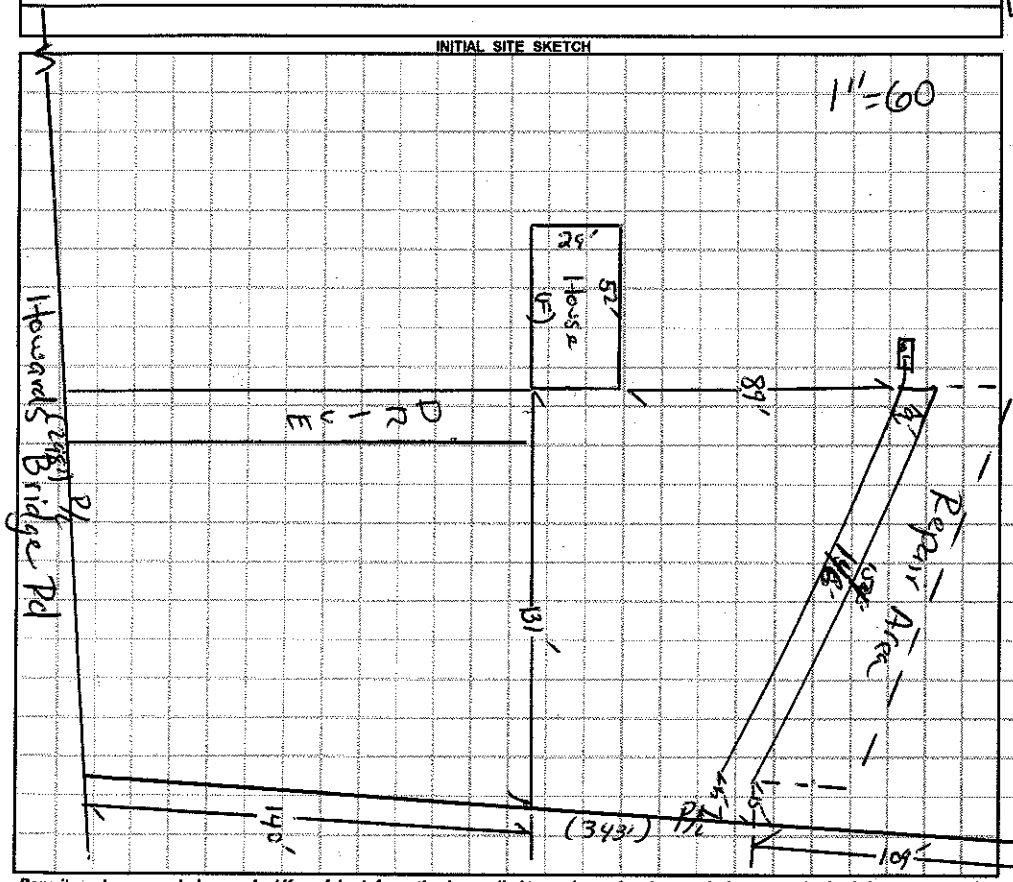
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.25ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	734	Date	3-10-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	N/A	Model	Tuftite	Serial #	EF-4	Repair System Description:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing

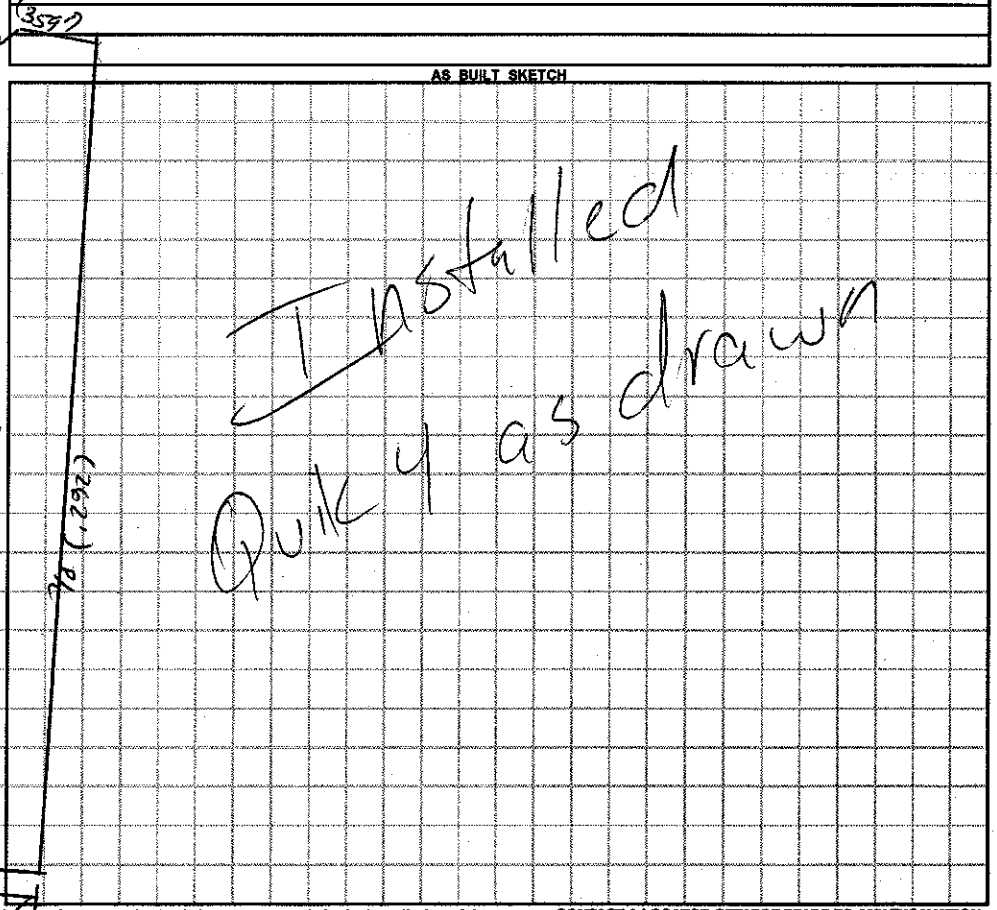
Water Supply: ☒ Private ☐ Public ☐ Community

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: (signature) Date: 10/29/14 Installed by: Carl Phillips

IMPROVEMENT PERMIT by: (signature) Date: 10/07/14 OPERATION PERMIT by: (signature) Date: 04/29/15

AUTHORIZATION TO CONSTRUCT by: (signature) Date: 10/07/14 Existing System Inspected by: Date:

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