IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141664 PIN# 4854731143 DATE 5-1-07

OWNER OR APPLICANT Martha Myers + Ethan Myers PHONE: Business 704 539 4328 Home 704 539 4007

ADDRESS Union Grove Rd

LOCATION I-77 North Exit 65 left, Union Grove School, (R) to Union Grove Rd ; ~4 miles on left 490

SUBDIVISION n/a BLOCK / SECTION ____ LOT n/a LOT AREA 42.226 SITE CLASS. P5 DESIGN FLOW ~~Bdrms~~ 490 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 9-18-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:
Brown Filter

INITIAL SITE SKETCH

See attached diagram

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: Ethan Clay Myers date 5-16-07

Improvement Permit by: ____ date 5-14-07

Authorization to Construct by: ____ date 5-14-07

Installed by: Welborn Grading

Operation Permit by: ____ date 11/8/07

Existing System Inspection by: ____ date ____

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


(4) 100' x 3' lines
(4) drop boxes
MILKY WAY DR
UNION GROVE RD
1010
1000
990
970
960
1020
1030
1000
940
950
980
930
920
1010
N
W
E
S
1 inch equals 200.88 feet