IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21920 DATE 8-25-95 TAX MAP NO. 16P-A-42 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DEBRA B. GREEN & LYNNE HAMBY PHONE: Business _____ Home 539-5396

ADDRESS 118 FARMLAND DRIVE, UNION GROVE, NC 28689

LOCATION I-77 N, TL NC 901, TR UNION GROVE RD, TR HOLLAND FARM RD, 1ST MH ON (L) PAST

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~10 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 5-23-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18 - 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

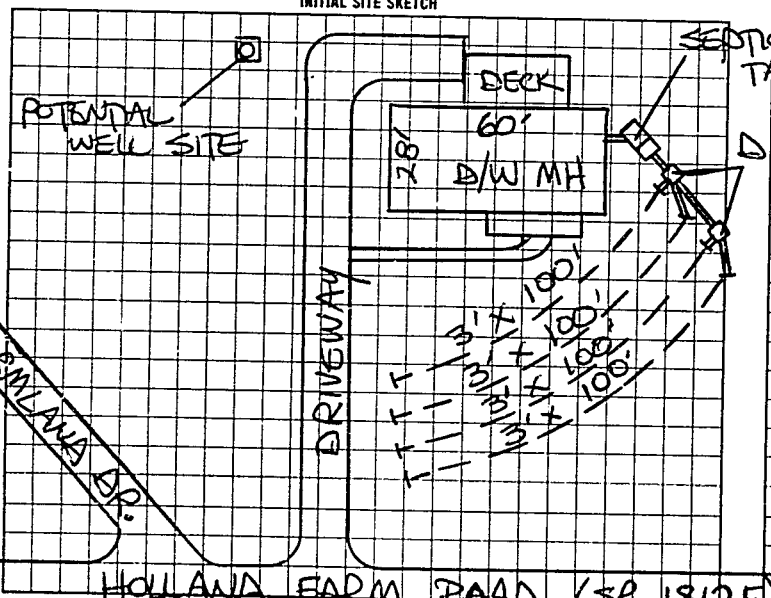
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 100' FROM WELL ② INSTALL LINES AS SHOWN, ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

FARMLAND DRIVE

I understand that this 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.

Signed: +Debra B Green

Improvement Permit by: STEVE HEDRICK date 8-25-95

Existing System Inspection by: _____ date _____

Installed by: SAMMY REAVIS

Certificate of Completion by: STEVE HEDRICK date 9-13-95

Operation Permit by: _____ date _____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

£07000