pd 8/30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126925 PIN# 4862-49-3991 4946 DATE 5-11-05

OWNER OR CONTRACTOR ALLEN CAMPBELL PHONE: Business (704)539-~~5632~~ Home

ADDRESS PO BOX 324 UNION GROVE, NC 28689

LOCATION I-77N TO EXIT 65 TL HWY 901 TR UNION GROVE RD TR MULLIS RD TR TRIVETTE RD PROPERTY ON RIGHT

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION I LOT 16 LOT AREA 1.5 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-18-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 210

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, ③ IV, V, VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

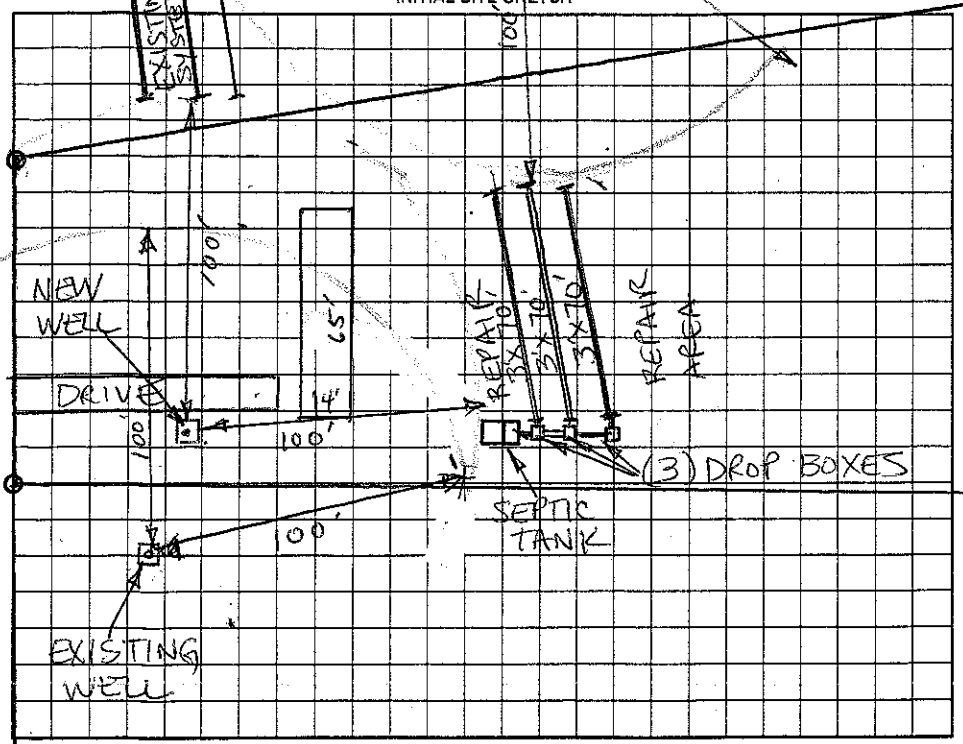
① INSTALL ON CONTOUR

② MAINTAIN WELL SETBACKS

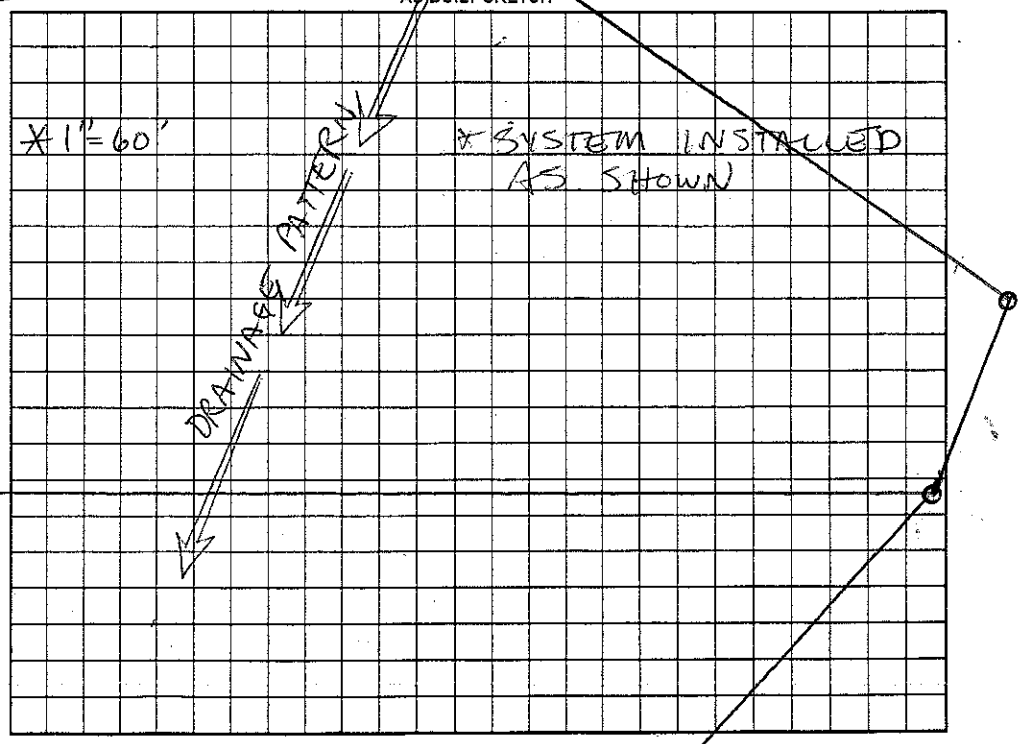
Comments:/Conditions: ① 'TUFF TITE' FILTER & MARKER ON TANK

② 'BIODIFFUSER' CHAMBERS

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: Abundo Jacinto date 3.13.05 Installed by: C & S GRADING

Improvement Permit by: Christopher M. Shemwell REHS/LSS date 5-11-05 Operation Permit by: Christopher M Shemwell REHS/LSS date 6-1-05

Authorization to Construct by: Christopher M Shemwell REHS/LSS date 5-13-05 Existing System Inspection by: ____ date ____

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