# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093190 PIN# 4863 67 8103 (PART) DATE 1-3-01

OWNER OR CONTRACTOR SHEILA T. PIGMAN PHONE: Business _____ Home 871-5162

ADDRESS 102 UNION GROVE RD, UNION GROVE, NC 28689

LOCATION I-77N, TR NC901, TL EAGLE MILLS RD, TL TULBERT LANE, LOT AT END TO RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.52 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-10-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PUMP TO 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

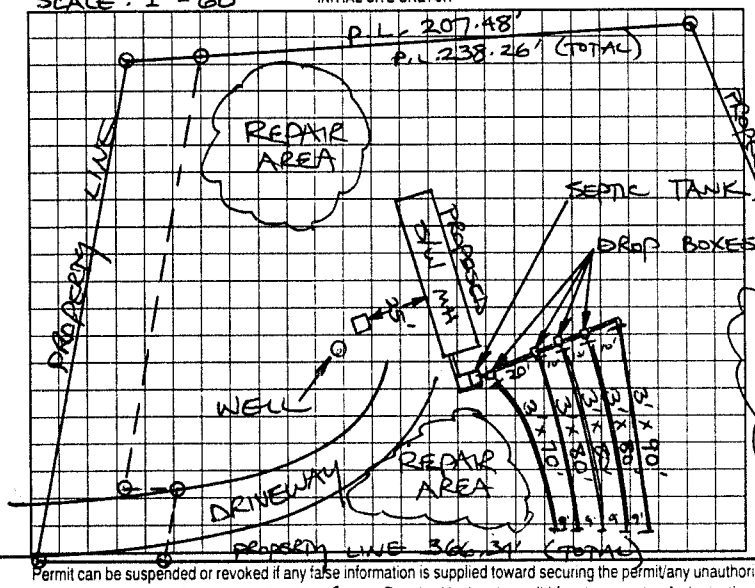
Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments/Conditions: INSTALL LINES ON CONTOUR AS FLAGGED

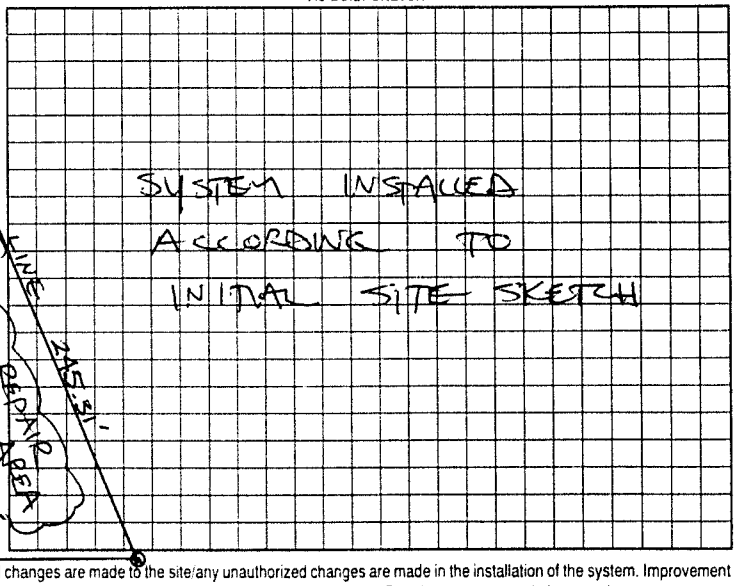
Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "PolyLok" FILTER

SCALE: 1" = 60'

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: John Pigman date 1-08-01 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 1-03-01 Operation Permit by: STEVE HEDRICK date 2-6-01

Authorization to Construct by: STEVE HEDRICK date 1-03-01 Existing System Inspection by: _____ date _____

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