IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094478 PIN# 4864 10 8535 DATE 2/19/01

OWNER OR CONTRACTOR GRADY TRIVETTE PHONE: Business _____ Home (704) 539-5398

ADDRESS 410 ZION LIBERTY RD., UNION GROVE, NC 28689

LOCATION I-77 N EXIT 65 (L) HWY 901 (R) UNION GROVE RD. (R) HEMRICK RD. TO END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.77 AC. SITE CLASS PS DESIGN FLOW 240 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 685 Linear Feet 230'

No Lines 2 Trench Width 3' Max Trench Bottom Depth 24"

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

System Description: CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

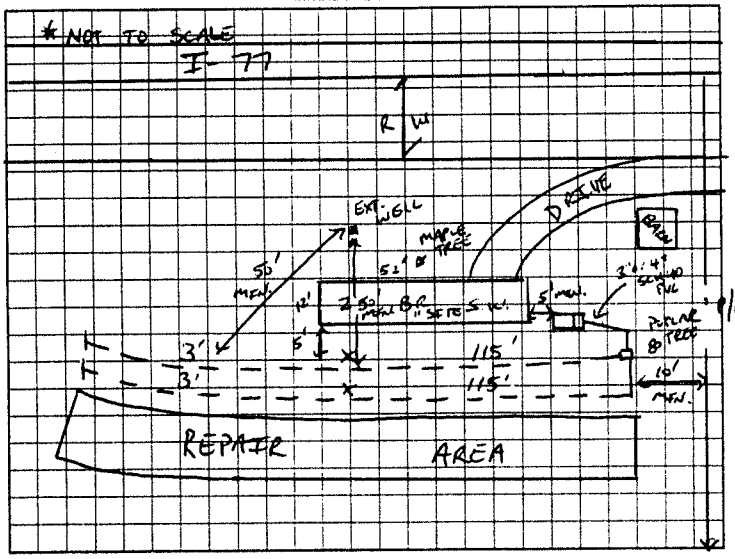
No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

Water Supply: ☑ Individual ☐ Public ☐ Community

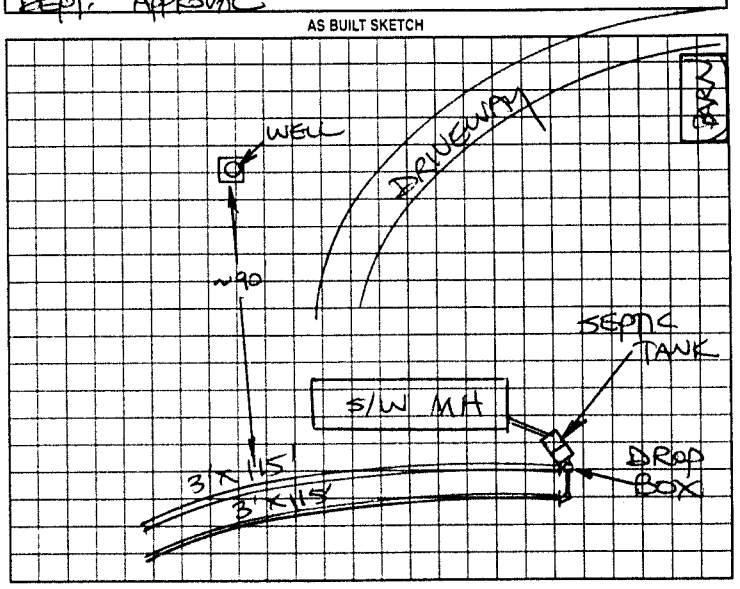
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR.

Comments/Conditions: (1) SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER (2) MH AND SYSTEM RELOCATED AS SHOWN WITHOUT PRIOR HEALTH DEPT. APPROVAL

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: Grady Smith date _____ Installed by: SAMMY REAVIS

Improvement Permit by: Susan Shinn date 2/19/01 Operation Permit by: STEVE HEDRICK date 6-8-01

Authorization to Construct by: Susan Shinn date 2/19/01 Existing System Inspection by: _____ date _____

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