IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118470 PIN# 4871-41-6968 DATE 3-12-04

OWNER OR CONTRACTOR SAMUEL CAMPBELL PHONE: Business (704) 539-4882 Home

ADDRESS 1000 UNION GROVE RD UNION GROVE 28689

LOCATION I-77N EXIT 65 (R) 901 (L) LITTLE WILKESBORO (L) RABBIT ON (R)

SUBDIVISION HARMONY COUNTRY ESTS. BLOCK / SECTION 4 LOT 41 LOT AREA 1.037 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 3-15-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: GRAVITY 25% RED.
Maintenance Agreement Required: ☐ Yes ☑ No

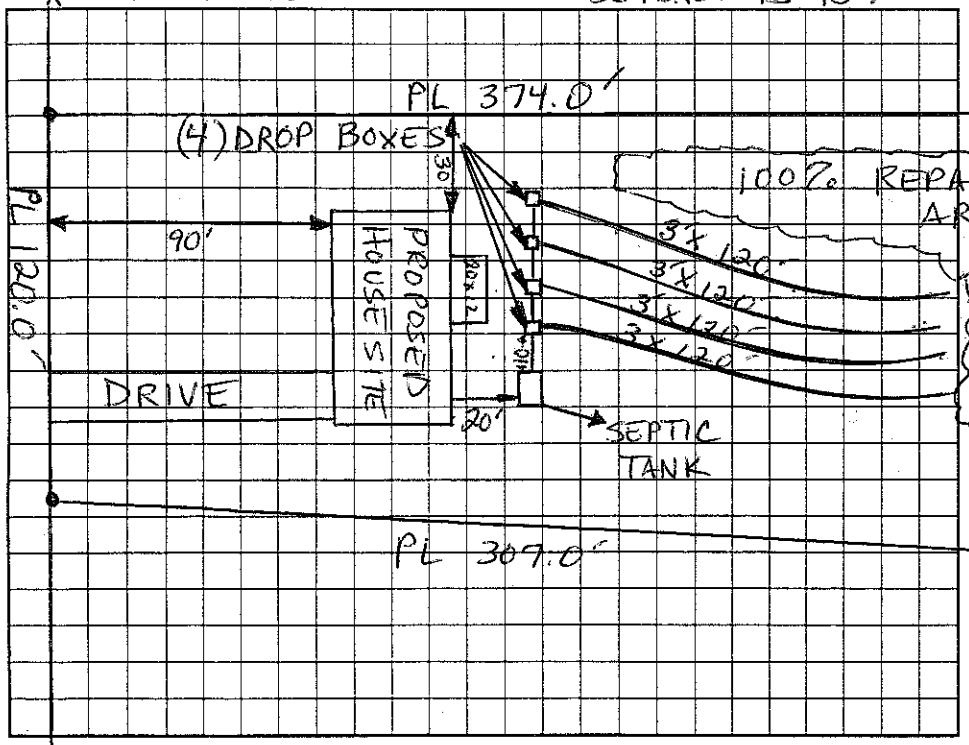
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

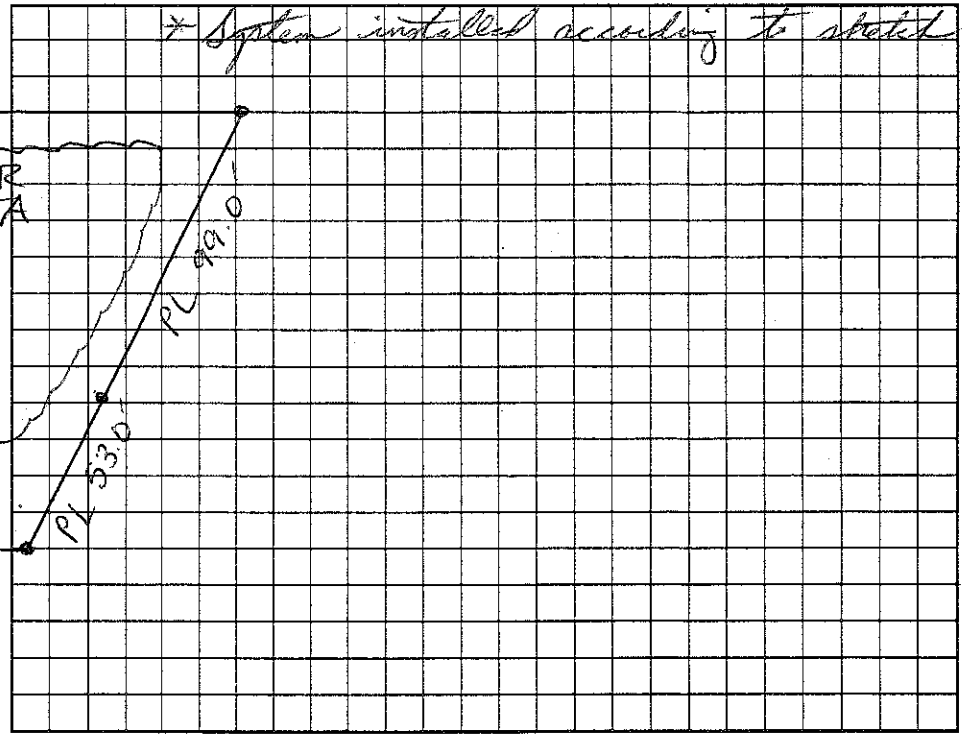
Comments:/Conditions: (1) MAINTAIN ALL SETBACKS (2) INSTALL LINES 24" ON CONTOUR (3) ELEVATION OF HOUSE SITE CRITICAL OR WILL HAVE TO PUMP. (4) DECK ON REAR OF HOUSE IS PART OF FOUNDATION

Comments:/Conditions: (1) Red Polylok Filter (2) #5 stone

INITIAL SITE SKETCH *SCALE 1"=60' SETBACK IS 15'.



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: Sandy Campbell date 3-15-04 Installed by: Sammy Rewis

Improvement Permit by: Christopher M. Sherrill, RS date 3-12-04 Operation Permit by: Christopher M. Sherrill, RS date 5-19-04

Authorization to Construct by: Christopher M. Sherrill, RS date 3-18-04 Existing System Inspection by: ____ date ____

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