IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095070 PIN# 4881 29 0514 (PT) DATE 3-30-01

OWNER OR CONTRACTOR LYNN HENDRIX PHONE: Business _____ Home (704) 539-5387

ADDRESS P.O. BOX 16, UNION GROVE NC 28689

LOCATION US 21 NORTH, TR POWELL BRIDGE RD, TL KENNERLY RD, 4TH LOT ON LEFT PAST WHITE DEER LANE.

SUBDIVISION COUNTRY VILLAGE BLOCK / SECTION _____ LOT 6 LOT AREA 5.00 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. 1200 Linear Feet 200

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: 50% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

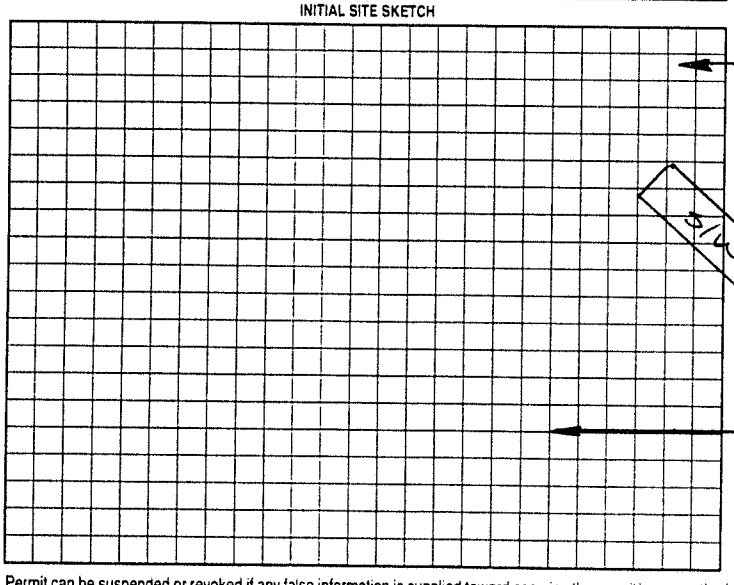
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

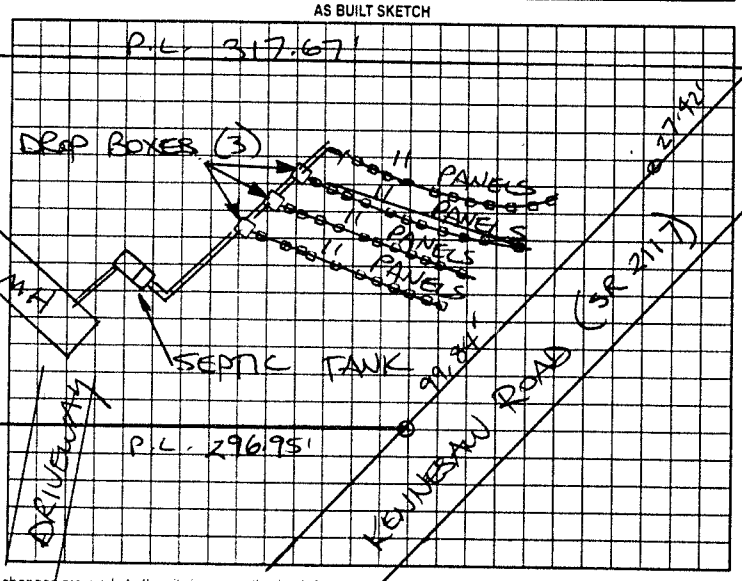
Comments:/Conditions:

Comments:/Conditions:

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 3-30-01

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