REDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 158767 PIN# 4637618364 Jeff DATE 10-28-09

OWNER OR APPLICANT Jeff Hilliard / Dennis O'Conner PHONE: Business 704 902-0269 Home 704 546 7384

ADDRESS 189 Valleysprings Dr. Olin NC

LOCATION Brawley School Rd TR Oak Tree TR Harborcrest #125

SUBDIVISION Harborcrest BLOCK / SECTION _____ LOT 5 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 320' Linear Feet 200'

No Lines 4 Trench Width 24-36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI

System Description: Existing Gravity Panel Blk

Repair System Description: Grav/Pump Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

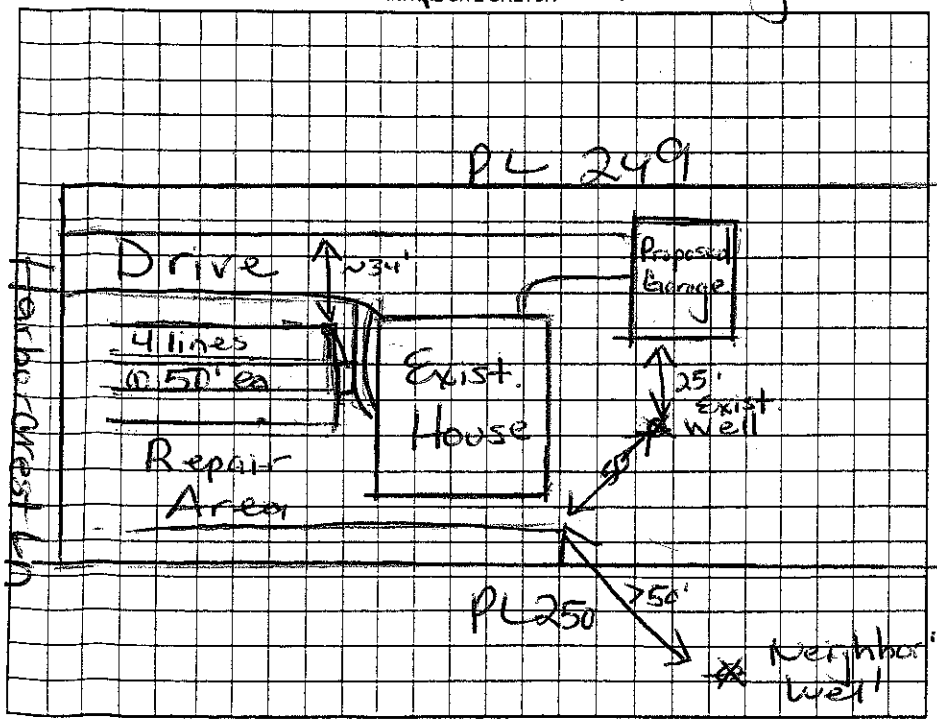
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

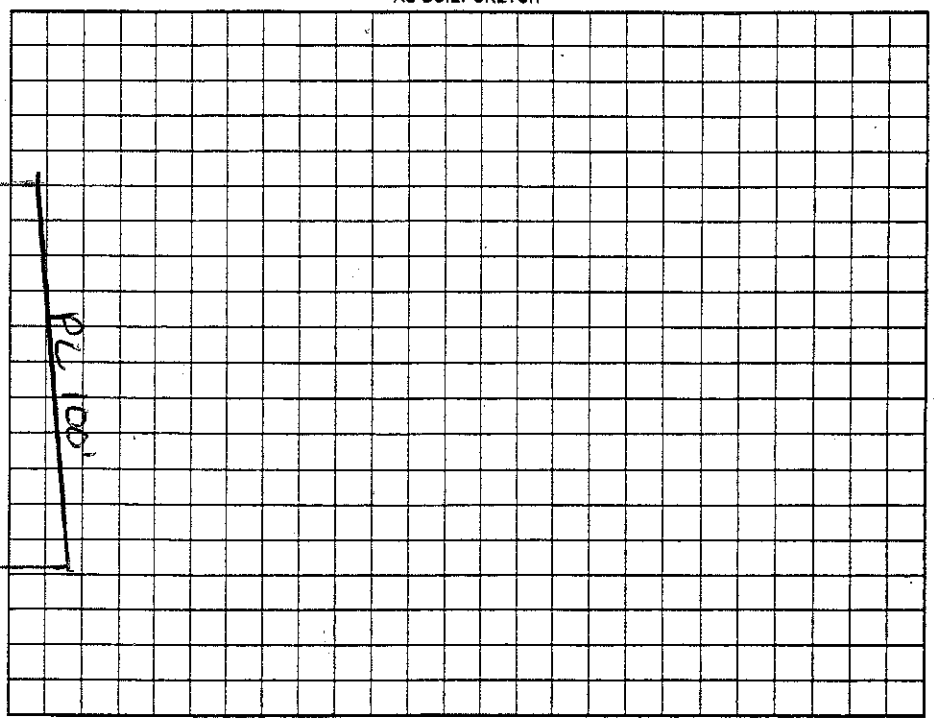
Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection. New Garage will not impact Septic System.

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: X Jeff Hilliard date _____ Installed by: _____

Improvement Permit by: Maria H. Odom RS date 10/28/09 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Odom RS date 10/28/09 Existing System Inspection by: Maria H. Odom RS date 10/28/09

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