CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103785 PIN# 4713-64-0851 DATE 1-2-02

OWNER OR CONTRACTOR OLIN ISENHOUR PHONE: Business _____ Home 704-569-0638

ADDRESS 847 ALLISTER DR CHARLOTTE NC 28226

LOCATION 40 W, @ DOME, ACROSS FROM DOME CHURCH

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.5 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6-26-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 6x67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV GRAV
Repair System Description: PUMP CONV
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____

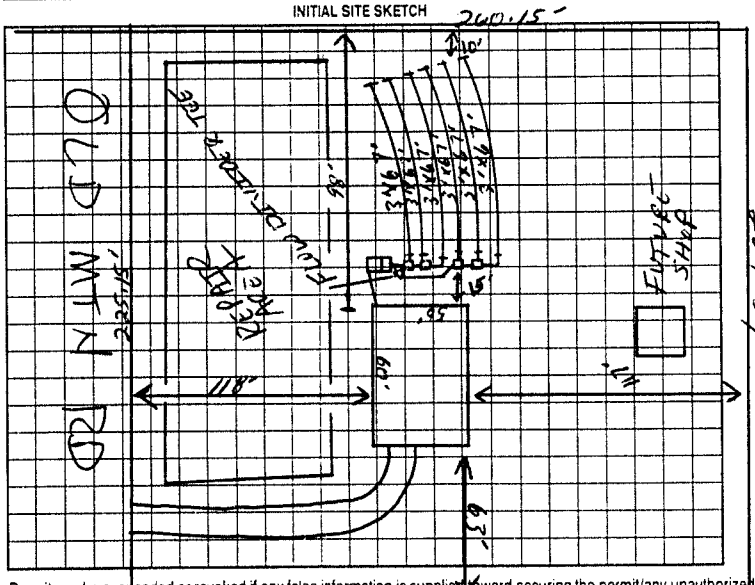
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing X Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① MAINTAIN SETBACKS ② KEEP SYSTEM 15' OFF BASEMENT FOUNDATION DRAIN ③ USE FLOW DIVIDER TEE & 4 DROP BOXES ④ CMC PRIOR TO INSTALLATION FOR FLAGOUT ⑤ INSTALL

Comments/Conditions: LINES ON CONTOURS
- POLE TO SITTER TO INSTALL
- Septic Tank ~~Risers~~ Risers on Tank

INITIAL SITE SKETCH 360 @ 1.5



AS BUILT SKETCH

Installed as shown per Final Site 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: Olin V. Isenhour JR ESC date 01-02-02
Improvement Permit by: [signature] RS date 1-2-02
Authorization to Construct by: [signature] RS date 1-2-02

Installed by: Duke Winkler
Operation Permit by: William O. Johnson date 8/8/02
Existing System Inspection by: _____ date _____

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