# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114022 PIN# 4717-65-4134 DATE 8-11-03

OWNER OR CONTRACTOR HAROLD WHITLEY PHONE: Business _____ Home 704-876-2968

ADDRESS P.O. BOX 52, OLIN, NC 28660

LOCATION NC 115 NORTH TL MIDWAY ROAD, TR LAURA JEANNE LANE, 2ND LOT ON LEFT

SUBDIVISION MOUNTAIN VIEW BLOCK / SECTION _____ LOT 13 LOT AREA 3.38 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/

Septic Tank: 1000 Gallons; STB 1007 Date 9-8-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

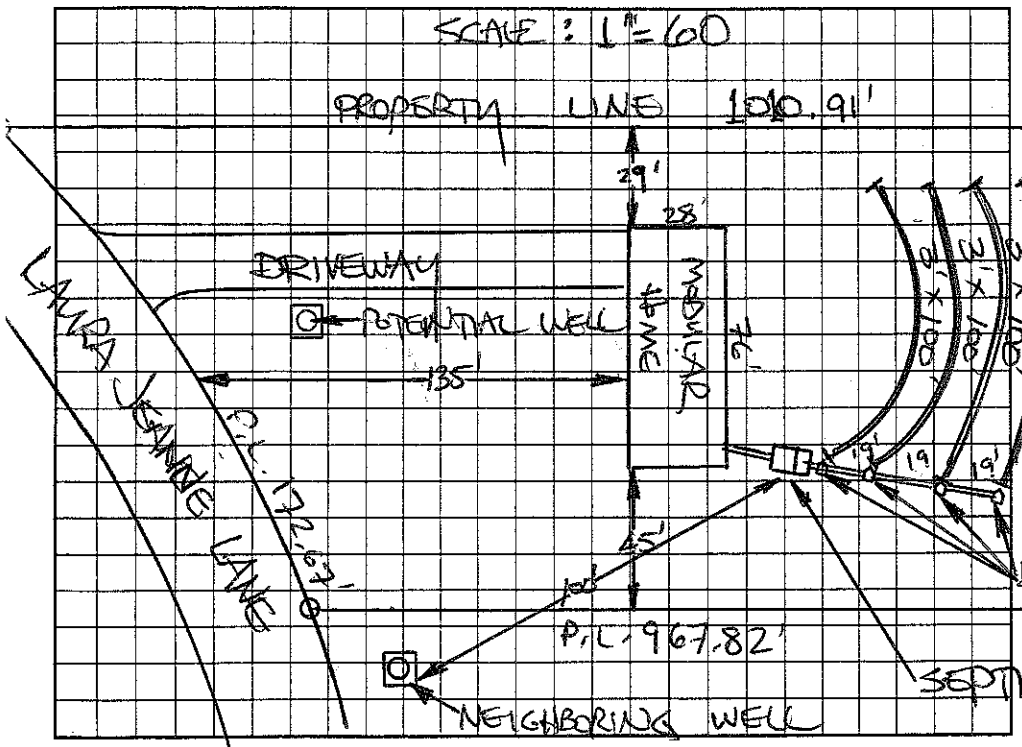
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

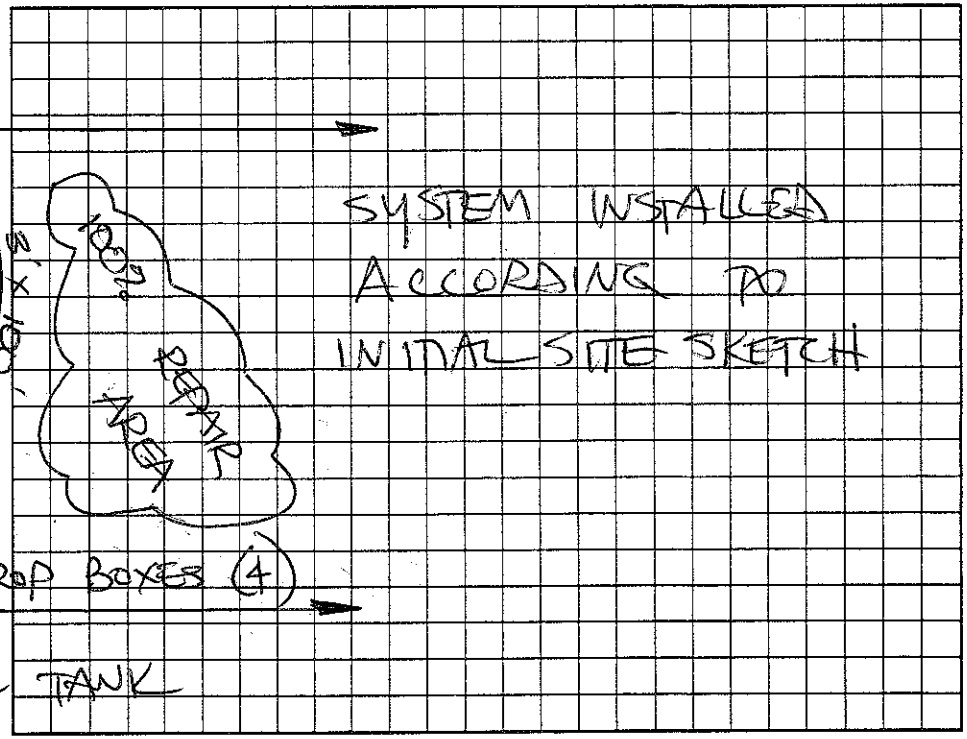
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER

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 Harold Whitley date 8-11-03

Improvement Permit by: STEVE HEARICK date 8-11-03

Authorization to Construct by: STEVE HEARICK date 8-11-03

Installed by: TOMMY COTHREN

Operation Permit by: STEVE HEARICK date 10-28-03

Existing System Inspection by: _____ date _____

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