IREDELL COUNTY HEALTH DEPARTMENT

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

52297

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18275 DATE 4/15/94 TAX MAP NO. 14K-A-42 (PART OF) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RICK PATE PHONE: Business 872-1003 Home 539-4060

ADDRESS RT. 1, BOX 178-A OLIN NC 28660

LOCATION NC 115 N, TL PISGAH RD, TR HILL FARM RD, TL PISGAH RIDGE RD, BEAR (R) ON (L) ± 2.0 MILE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.6 ACRES SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. 0.35 GPD/SQ FT

Septic Tank: 1000 Gallons; STB 1012 Date 7-11-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONV. 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 _____

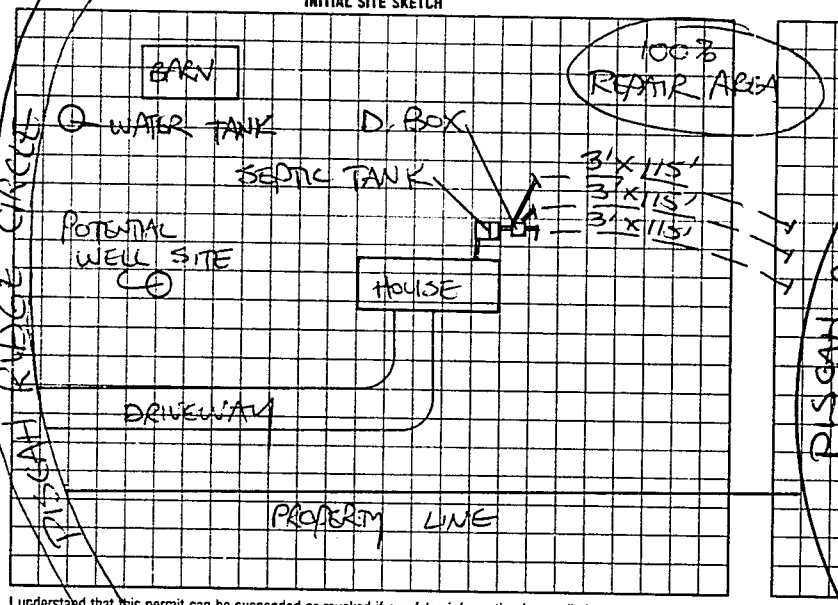
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

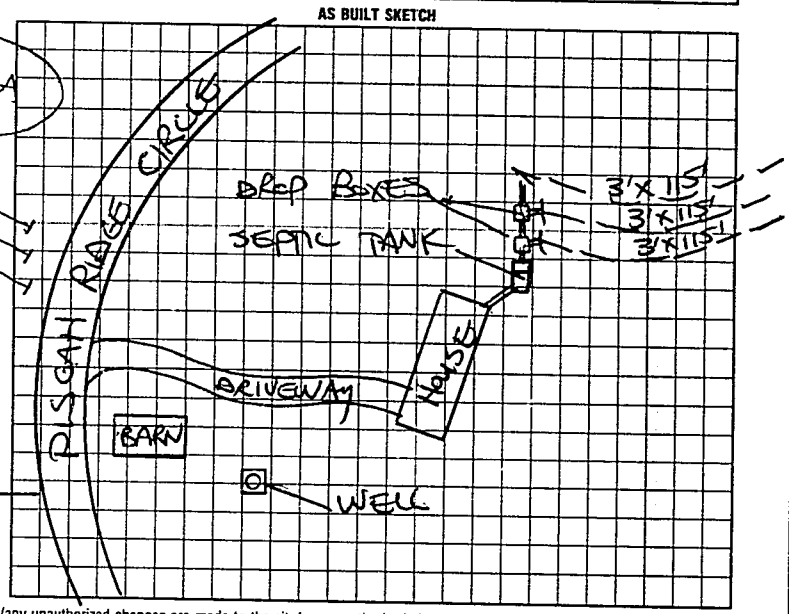
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: X Rick Pate

Improvement Permit by: STEVE HENDRICK date 4/15/94

Existing System Inspection by: _____ date _____

Installed by: KENNY PEARSON

Certificate of Completion by: STEVE HENDRICK date 9/21/95

Operation Permit by: _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD