Posted IP 9/21 WC

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102233 PIN# 4726-60-7793 DATE 9/21/01

OWNER OR CONTRACTOR Standard Bldg. Co. Inc. PHONE: Business (704) 902-4618 Home –

ADDRESS 843 Sloans Mill Road Olin, NC 28660

LOCATION 115 N, (2) Scotts Creek Rd, (3) Miller Farm Rd, (4) on Fawnwood at End.

SUBDIVISION Fawnwood BLOCK / SECTION – LOT 12 LOT AREA .754 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons STB 1012 Date 8-25-01
Pump Tank: _____ Gallons PT _____ Date _____
Pump Make: _____ Model ~~environlator~~ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

X New System ☐ Repair System Type I, II, (III), IV, V, VI
System Description: County, 25% Reduction
Repair System Description: ~~Pump~~ County, 50% Reduction
Maintenance Agreement Required: ☐ Yes X No

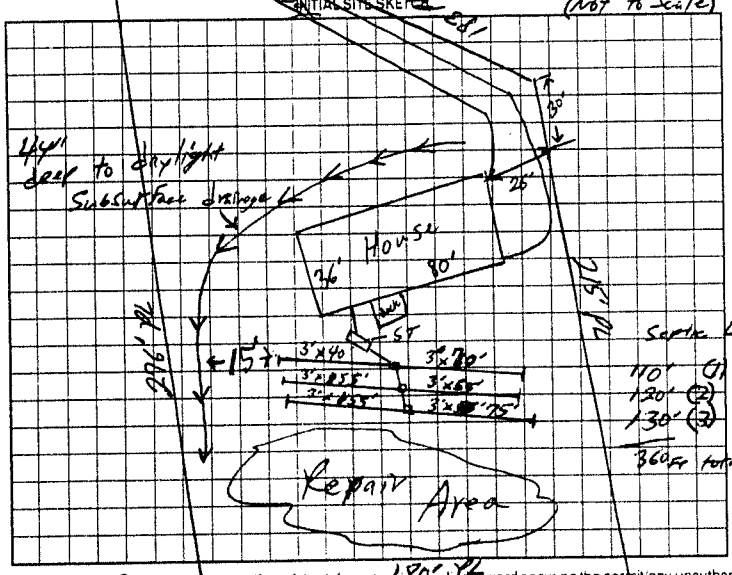
X House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

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

Water Supply:
☐ Individual
X Public
☐ Community

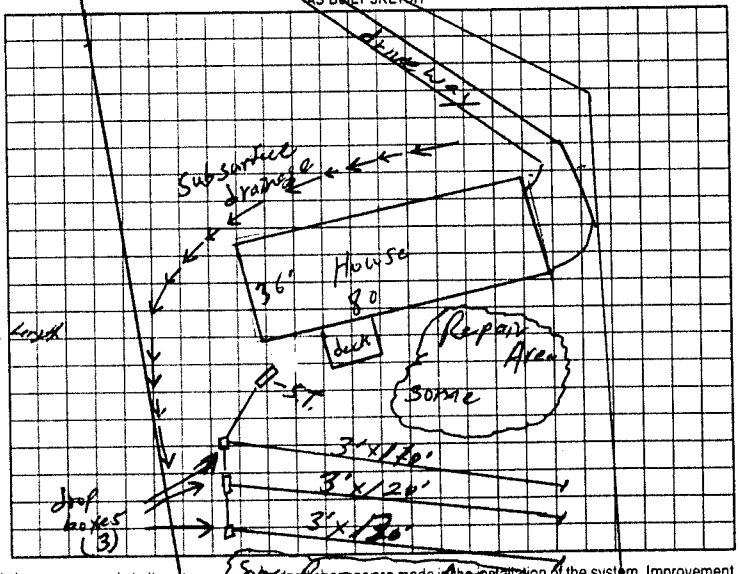
Comments/Conditions: Fawnwood Lot ① Do not install when wet. ② Install lines on contour ③ maintain proper setbacks ④ Install subsurface drain 44' deep to daylight

INITIAL SITE SKETCH (Not to Scale)



Comments/Conditions: Fawnwood Lot 12 - 58 Infiltrator Chamber Installed Poly Lok Filter Installed Septic Tank Marker Installed

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 9/21/2001 Installed by: Tommy Frye

Improvement Permit by: William E. Johnson date 9/24/01 Operation Permit by: William E. Johnson date 1/17/02

Authorization to Construct by: William E. Johnson date 9/21/01 Existing System Inspection by: _____ date _____

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