IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094864 PIN# 4726701684 DATE 3/13/01

OWNER OR CONTRACTOR Standard Building Co Inc PHONE: Business (704) 902-4618 Home (704) 539-4546

ADDRESS 843 Sloans Mill Rd Olin NC 28660

LOCATION Hwy 115 N ⓑ Scotts Creek Rd ⓑ Willow Farm Rd on ⓡ R Post Fawnwood Rd

SUBDIVISION Fawnwood BLOCK / SECTION 1 LOT #6 LOT AREA .53 Ac. 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 Equidot 10 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, ⓘ IV, V, VI
System Description: 25% Reduction Curtain
Repair System Description: 50% Reduction Pump
Maintenance Agreement Required: ☐ Yes ☒ No

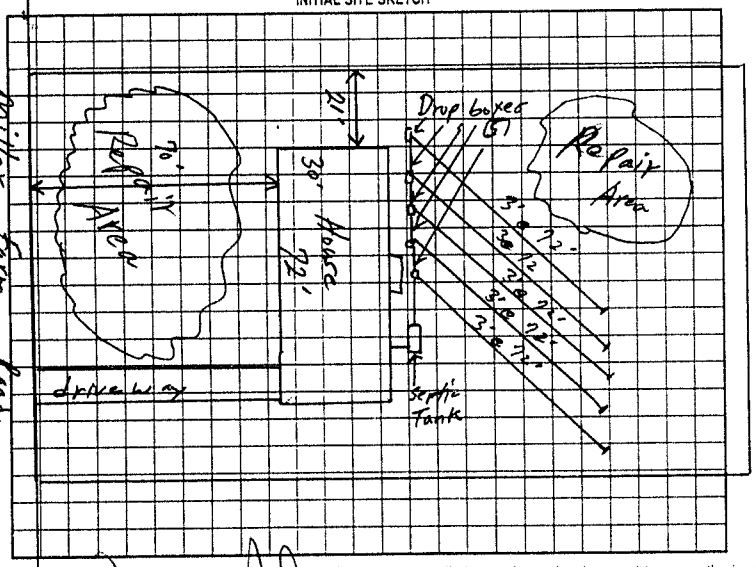
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

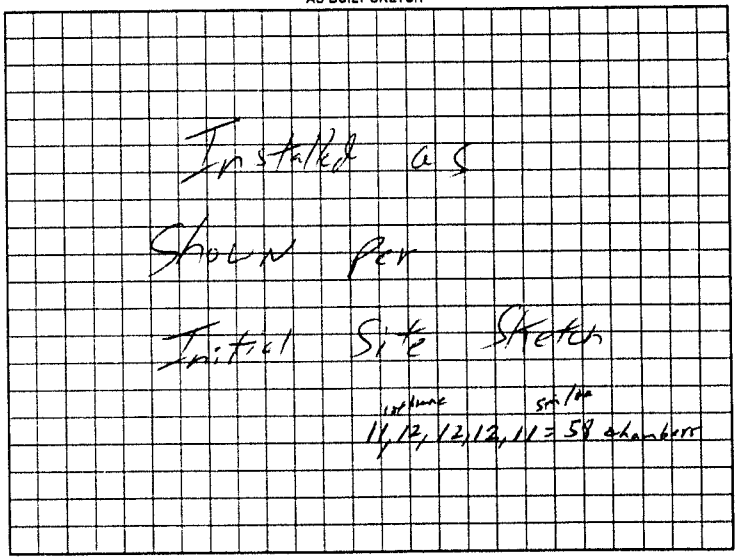
Comments/Conditions: ① Install on Contour ② Keep Min 10ft From property Min ③ Install 360 ft HEDS Sections or 58 Chambers

Comments/Conditions: - Poly lok Filter Installed
- Septic Tank Marker Installed
- Infiltrator Chambers Installed (58)

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: ____ date 3/13/01 Installed by: Tommy Frye

Improvement Permit by: William O Johnson REHS date 3/13/01 Operation Permit by: William O Johnson date 1/11/02

Authorization to Construct by: William O Johnson REHS date 3/13/01 Existing System Inspection by: ____ date ____

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