12:36

This Permit replaces one issued 3-17-05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105488 PIN# 4727-81-~~2090~~ 3102 DATE 3-18-08

OWNER OR APPLICANT Jennifer Oleenberger PHONE: Business _____ Home 704-878-0395

ADDRESS _____

LOCATION 115 N (R) Red Chimney Rd (R) Fox Lane, Lot on (R) near end

SUBDIVISION North Crossing BLOCK / SECTION 2 J LOT 24 LOT AREA .996 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 9-11-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth n/a

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction - Gravity
Repair System Description: 50% Reduction - LPP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

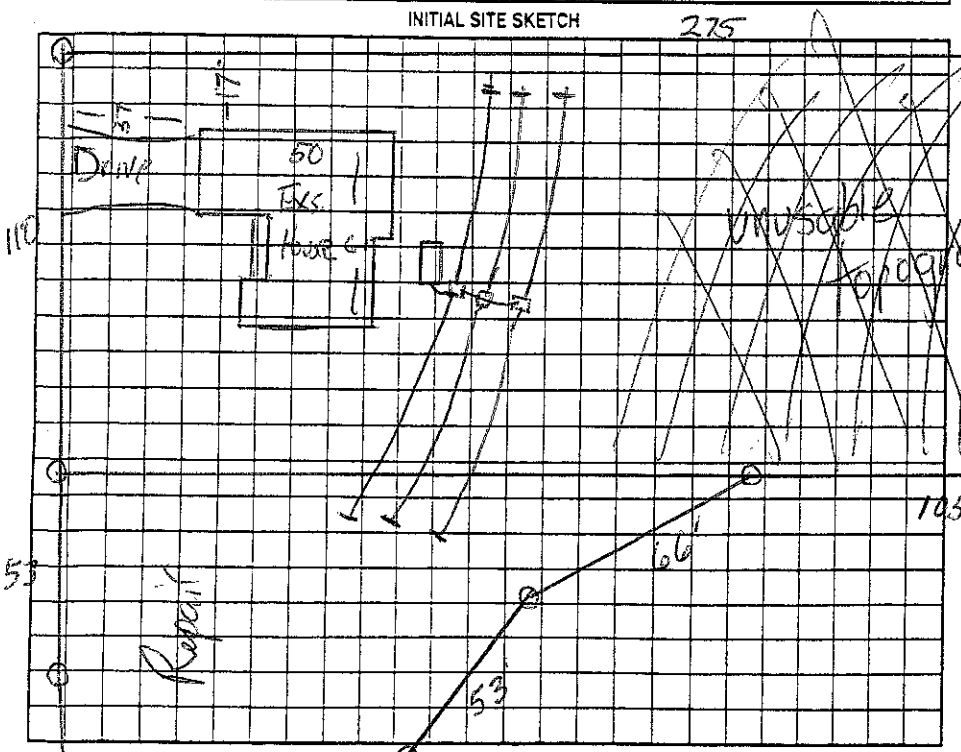
☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

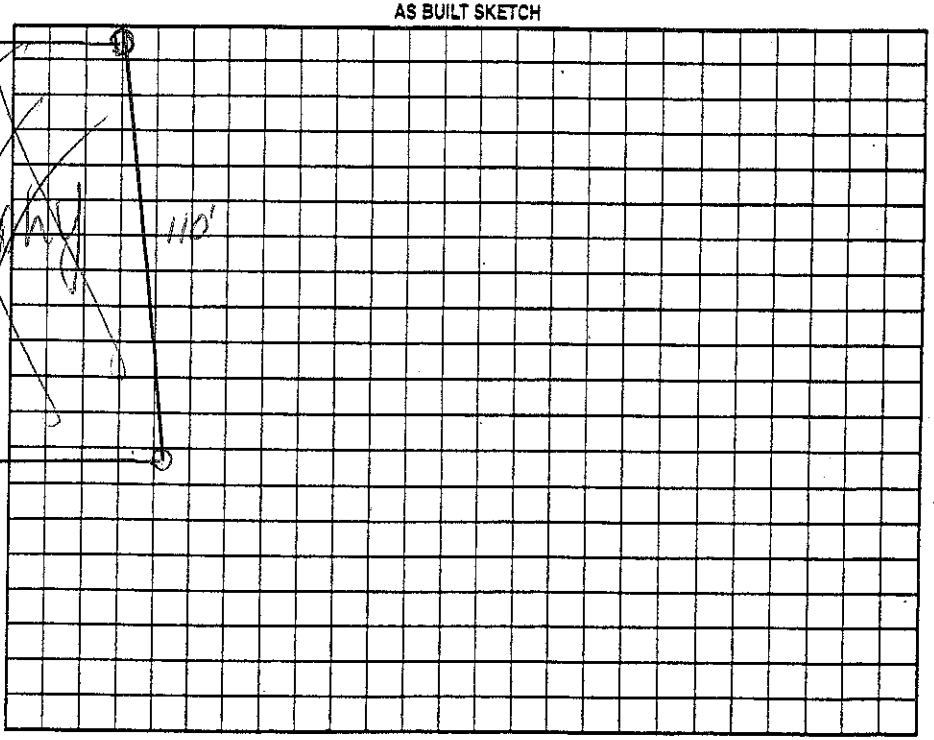
(3) 3' x 120'
3 drop boxes

Comments:/Conditions:

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: _____ Jennifer G. Oleenberger date 3-18-08 Installed by: David Yount

Improvement Permit by: _____ date 3-18-08 Operation Permit by: _____ date 3-24-07

Authorization to Construct by: _____ date 3-18-08 Existing System Inspection by: _____ date _____

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