IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 3-24-99

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

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

PERMIT# 079811 PIN# 4735 49 1574 DATE 8-20-99

OWNER OR CONTRACTOR MATTHEW GAITHER PHONE: Business _____ Home 539-5089

ADDRESS 444 HUIE ROAD, OLIN NC 28660

LOCATION NC 115N, TR SULLIVAN FARM RD, TR MEADOW OAKS DRIVE, 4TH LOT ON RIGHT PAST 1ST CURVE

SUBDIVISION MEADOW OAKS BLOCK / SECTION _____ LOT 11 LOT AREA 0.716 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-19-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 60 TO 1200 Linear Feet 300+
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I II ☐ IV V VI
System Description: 25% REDUCTION GRAV.
Repair System Description: 25% REDUCTION GRAV
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees _____
☐ Other THREE BEDROOM ONLY

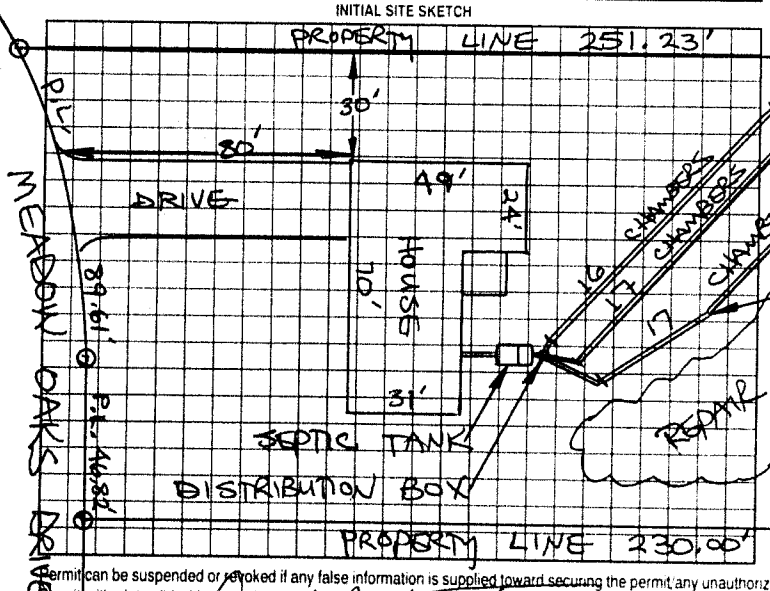
Water Supply:
☐ Individual
☑ Public
☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS AT OWNER'S REQUEST

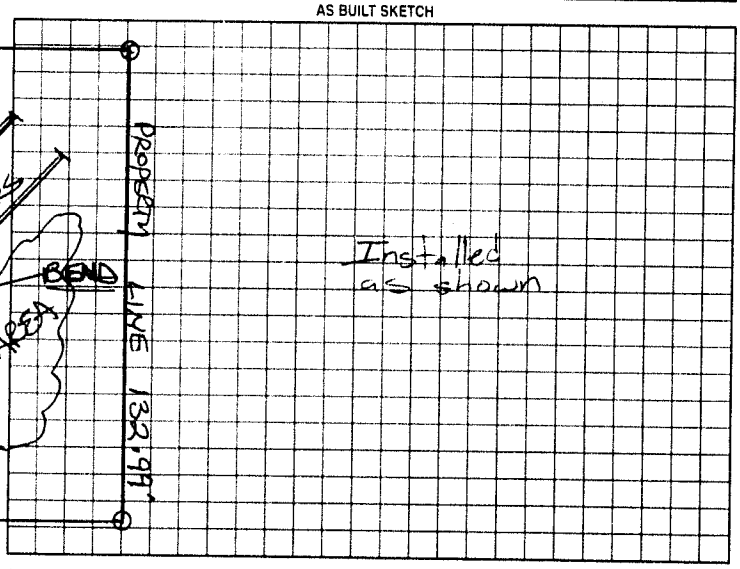
SCALE: 1"=40'

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: _____ date _____

Improvement Permit by: STEVE HEDRICK date 8-20-99

Authorization to Construct by: STEVE HEDRICK date 8-20-99

Installed by David Yountz

Operation Permit by: Allan C. Ott RS date 8-26-99

Existing System Inspection by: _____ date _____

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