IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211406

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

PIN # 4749-58-2273.000

APPLICANT: 1ST CHOICE HOUSING APPLICANT ADDRESS: 119 BEECHNUT LN. STATESVILLE NC

SITE ADDRESS: 226 RAIDER RD. OLIN, NC 28660 PHONE: 704-883-8228 ALT. PHONE: 704-876-2925

SITE DIRECTIONS: 77 N, EXIT 59 LEFT, TR @ STOP SIGN. TR RAIDER RD, TR CON-LEE, SITE @ END.

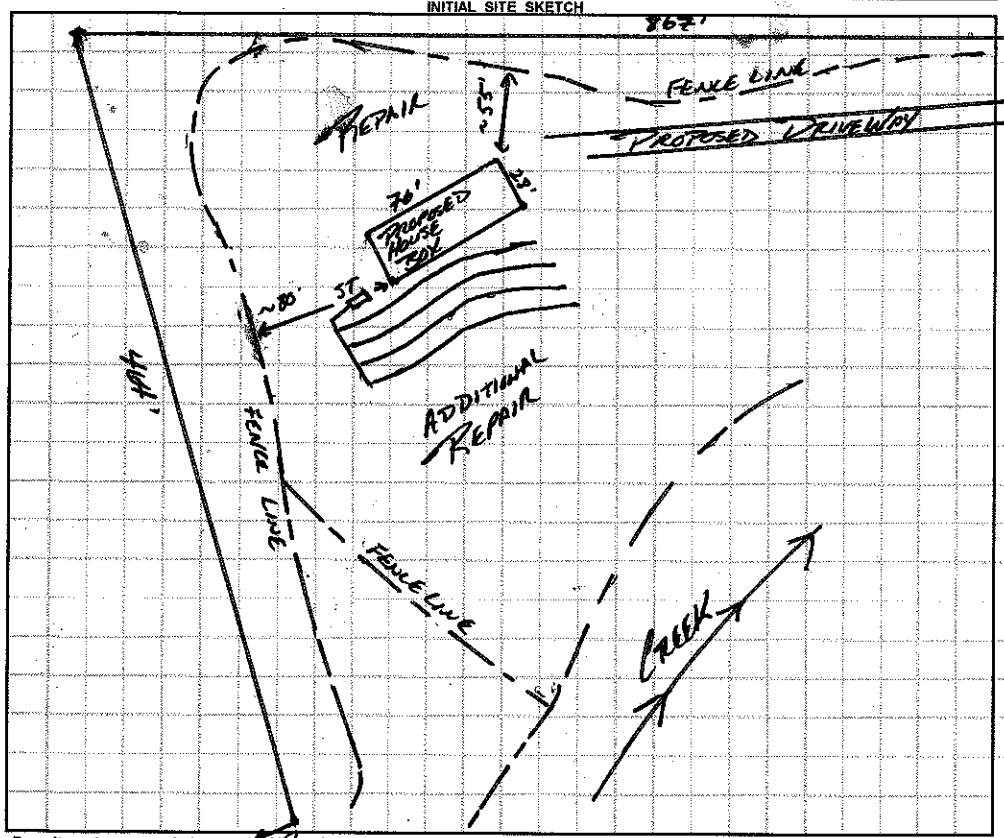
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 15.596 ACRE DESIGN FLOW: 600 GPD L.T.A.R.: .325

Septic Tank	1500 (gal)	STB	964	Date	3-30-15	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description: 25% REDUCTION - GRAVITY		☐ Business	No. Persons 10
Pump Make	N/A	Model	PORTA-KAST	Serial #	N/A	Repair System Description: 25% REDUCTION - PUMP		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4 @ 116'	Linear Ft:	466'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: FOLLOW ALL STATE RULES.
IF ANY WATER LINES ARE ENCOUNTERED, RE-ROUTE TO BE 10' FROM SEPTIC.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100'

Installed Quick 4 as drawn

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 7-24-15 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: [signature] APPROVED JUL 23 2015 OPERATION PERMIT by: [signature] Date: 09/22/15

AUTHORIZATION TO CONSTRUCT by: [signature] APPROVED JUL 23 2015 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK