IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

(J)

PERMIT# 11842 PIN# 4757-46-9642 DATE 3.3.04

OWNER OR CONTRACTOR JACK ELLEDGE PHONE: Business 704-902-4629 Home 704-539-5089

ADDRESS 444 HUIE ROAD, OLIN, NC 28660

LOCATION US 21 NORTH TL MAPLE CREEK DRIVE, LOT #42 ON LEFT

SUBDIVISION MAPLE CREEK BLOCK / SECTION I LOT 42 LOT AREA 0.949 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 606 Linear Feet 200

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONVENTIONAL, GRAVITY

Repair System Description: 50% REDUCTION LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

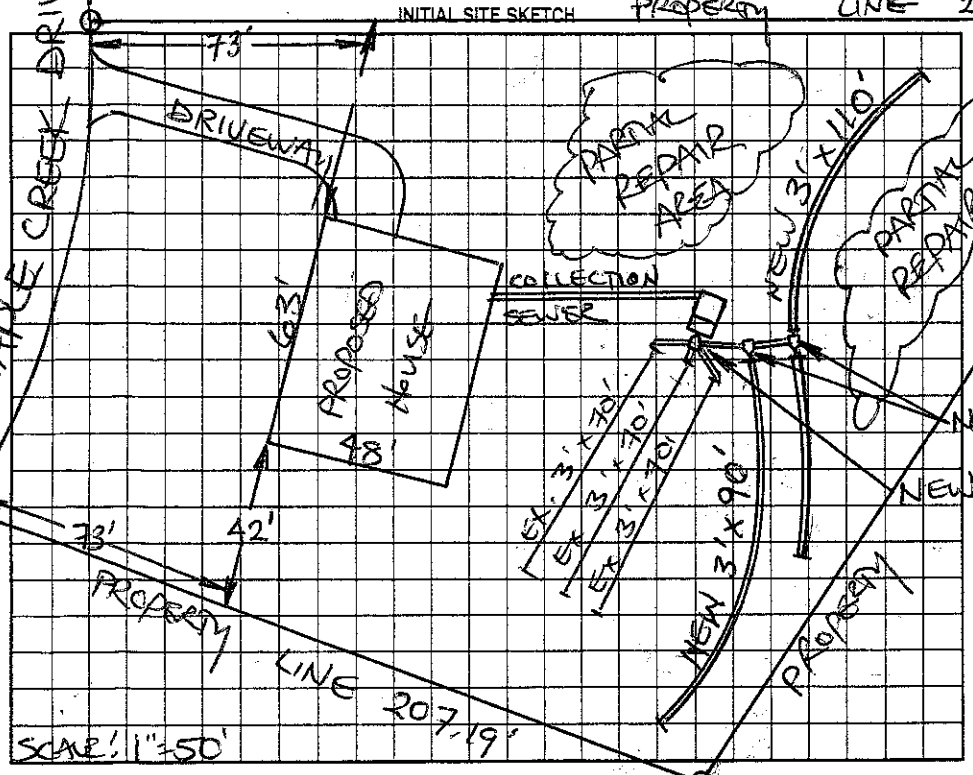
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

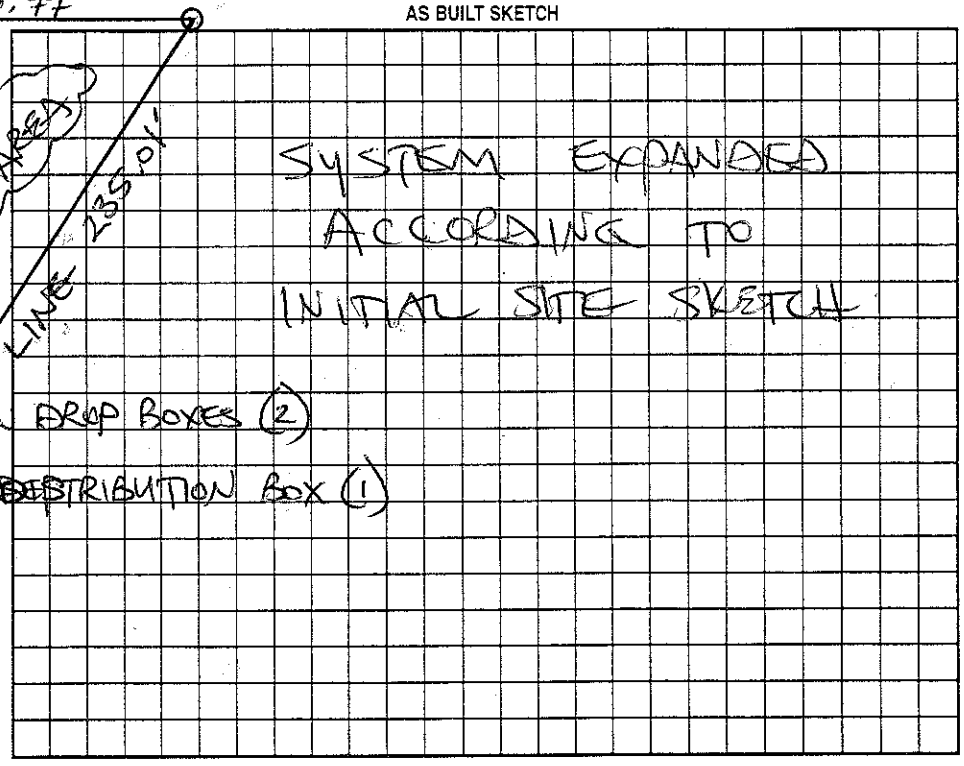
Comments:/Conditions: (1) EXPAND EXISTING SYSTEM AS SHOWN (2) INSTALL NEW SANITARY TEE IN EXISTING SEPTIC TANK

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: [signature] date 3-3-04 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HEDRICK date 3-3-04 Operation Permit by: STEVE HEDRICK date 6-8-04

Authorization to Construct by: STEVE HEDRICK date 3-3-04 Existing System Inspection by: ____ date ____

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