IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08802 PIN# 4759 89 2208 DATE 3-7-00

OWNER OR CONTRACTOR KENNETH WILSON PHONE: Business 873-4949 Home 876-4515

ADDRESS 293 RASH ROAD, OLIN, NC 28660

LOCATION I-77 NORTH, TR TOMLIN MILL ROAD, TL RASH ROAD PS, ON LEFT 0.5 MILE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 SQ FT/GPD

Septic Tank: 1000 Gallons; STB 1012 Date 7-11-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines THREE 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: CONV., PUMP-FED
Maintenance Agreement Required: ☐ Yes ☑ No

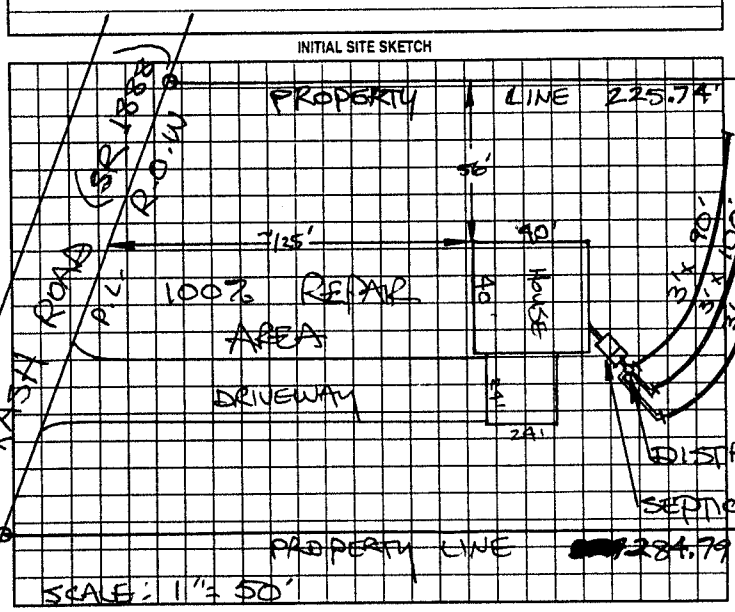
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

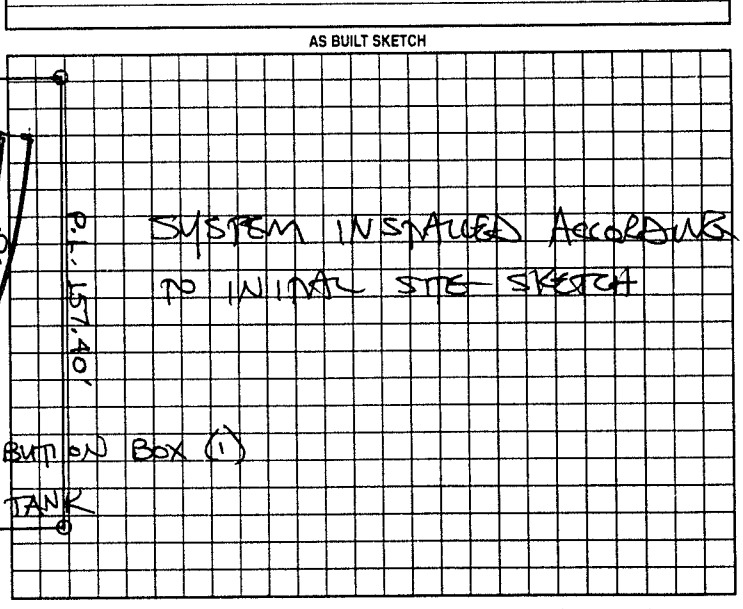
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

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: Kenneth Wilson date 3-7-00 Installed by: LEVI NANCE

Improvement Permit by: STEVE HENDRICK date 3-7-00 Operation Permit by: STEVE HENDRICK date 9-14-00

Authorization to Construct by: STEVE HENDRICK date 3-7-00 Existing System Inspection by: _____ date _____

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