CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100840 PIN# 4766-73-5969 DATE 6-22-01

OWNER OR CONTRACTOR MATHEW GAITHER PHONE: Business Home 704-539-5089

ADDRESS 444 HUFF RD, OLIN, NC 28660

LOCATION OLD MOCKSVILLE N, (L) CHESTNUT, (R) 7SPRINGS LOOP, ON RT

SUBDIVISION 7 SPRINGS BLOCK / SECTION LOT 89 LOT AREA 0.7AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons: STB 760 Date 7-22-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: CONV GRAV
Repair System Description: GRAV/ISMP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

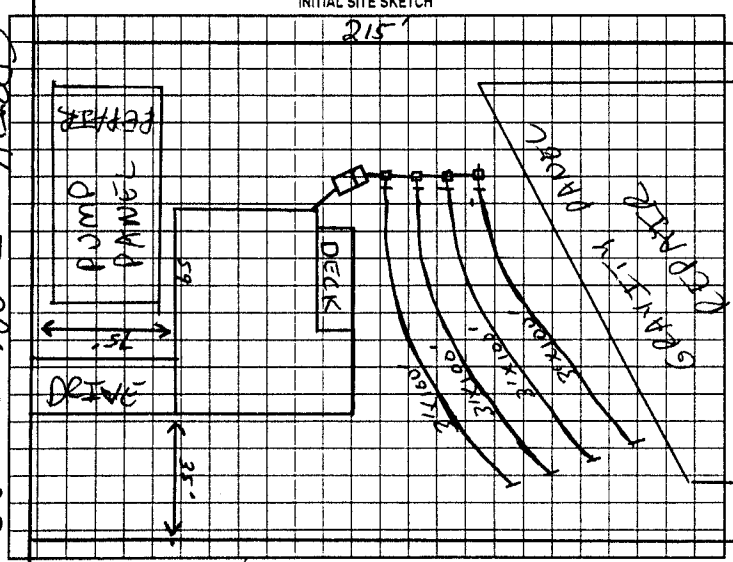
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

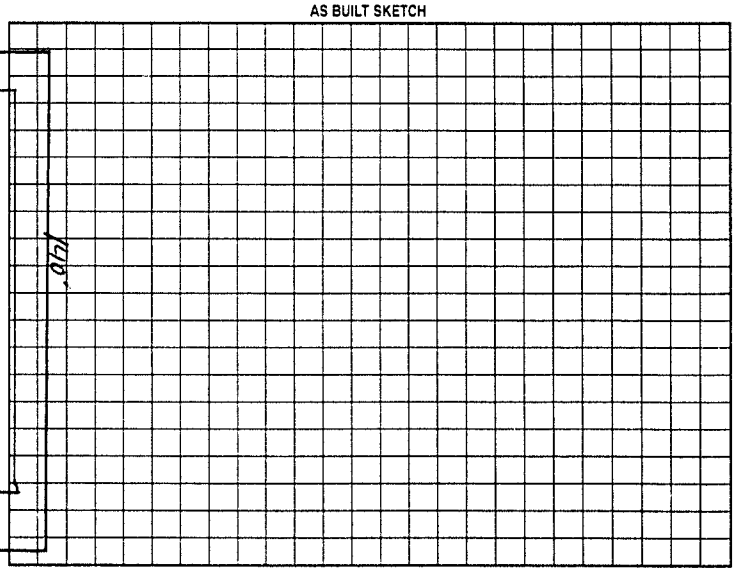
Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SET BACKS (3) USE 4 DROP BOXES

Comments/Conditions: ZABEC FILTER INSTALLED AS SHOWN

INITIAL SITE SKETCH



AS BUILT SKETCH



SPRING LOOP

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: MATT GAITHER date 6-22-01 Installed by: BRENT GALLIHER

Improvement Permit by: [signature] date 6-22-01 Operation Permit by: [signature] date 9-26-01

Authorization to Construct by: [signature] date 6-22-01 Existing System Inspection by: date

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