IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106486 PIN# 4766-74-3027 DATE 06-07-02

OWNER OR CONTRACTOR MATHEW GAITHER PHONE: Business 704-902-4629 Home 704-539-5089

ADDRESS 444 HUIE RD OLIN, NC 28660

LOCATION OLD MOCKSVILLE, ⓑ CHESTNUT GROVE, ⓒ 7 SPRINGS LOOP, ⓓ AT LOT # 65

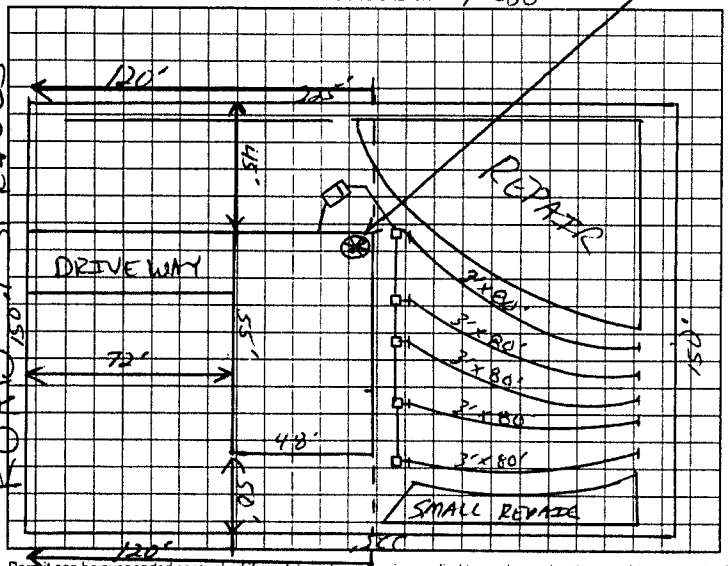
SUBDIVISION 7 SPRINGS LOOP BLOCK / SECTION ____ LOT 65 LOT AREA .78AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons: STB 760 Date 5-26-02	X New System ☐ Repair System Type: I II III IV V VI	X House/Mod. Home	No. Bedrooms 3	Water Supply: ☐ Individual
Pump Tank: ____ Gallons: PT ____ Date ____	System Description: CONV GRAV	☐ Mobile Home	No. Bathrooms 2	X Public
Pump Make: ____ Model ____ Serial No ____	Repair System Description: LP PANEL W/P 25% RED	☐ Business	No. Employees ____	☐ Community
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400	Maintenance Agreement Required: ☐ Yes X No	☐ Other ____		
No Lines 5X80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"	☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing			

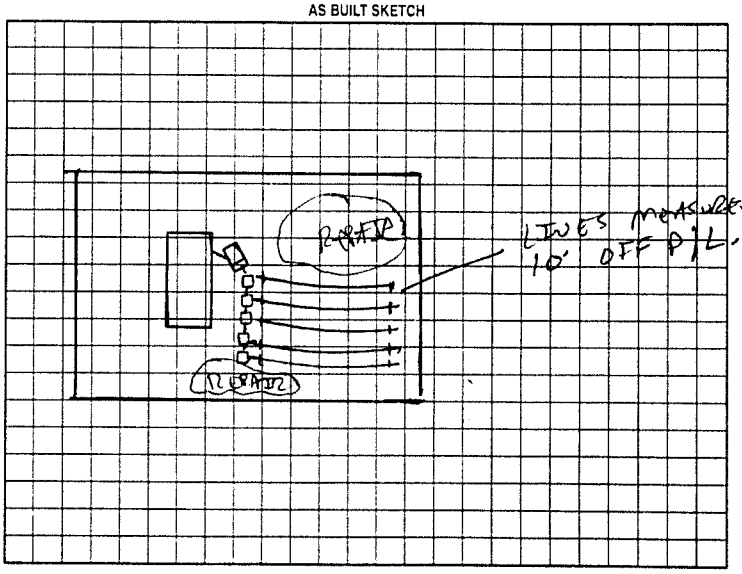
Comments/Conditions: ① HOUSE MOVED LEFT 5' & SLID UP TO PARALLEL WITH ROAD 120' FROM BACK OF HOUSE TO FRONT CORNER ② DO NOT CUT DOWN THIS GRADE WHEN DIGGING FOOTING — WILL GREATLY ALTER ⊗ LAYOUT

Comments/Conditions: IF CUT, BACK FILL FOR POSITIVE DRAINAGE. MARK ZABEL FILTER, STUBBED OUT LOWER PUSHING SYSTEM DOWN HILL. INSTALLED AS SHOWN.

INITIAL SITE SKETCH 1"=50'



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 6-7-02 installed by: BRENT GALLIHAR

Improvement Permit by: [signature] RS date 06-07-02 Operation Permit by: [signature] RS date 9-10-02

Authorization to Construct by: [signature] RS date 06-07-02 Existing System Inspection by: ____ date ____

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