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

OWNER OR CONTRACTOR MATHEW GAITHER PHONE: Business 704-902-4629 Home 704-539-5089 DATE 06-07-02

ADDRESS 444 HUNT RD OLIN, NC 28660

LOCATION OLD MOORESVILLE, (B) CHESTNUT GROVE, (C) 7 SPRINGS LOOP, (D) 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
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 406
No Lines 5X80' Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I (II, III, IV, V, VI)
System Description: CONV GRAV
Repair System Description: LP PANEL 1½" 254.x80
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

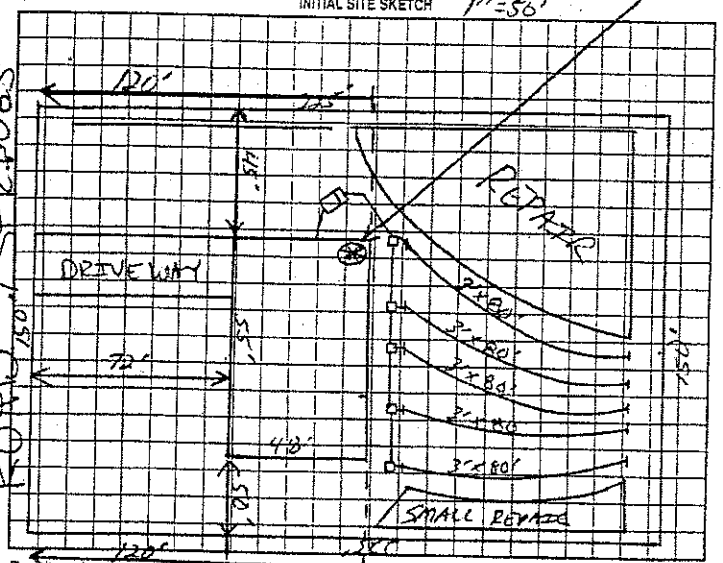
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual X Public ☐ Community

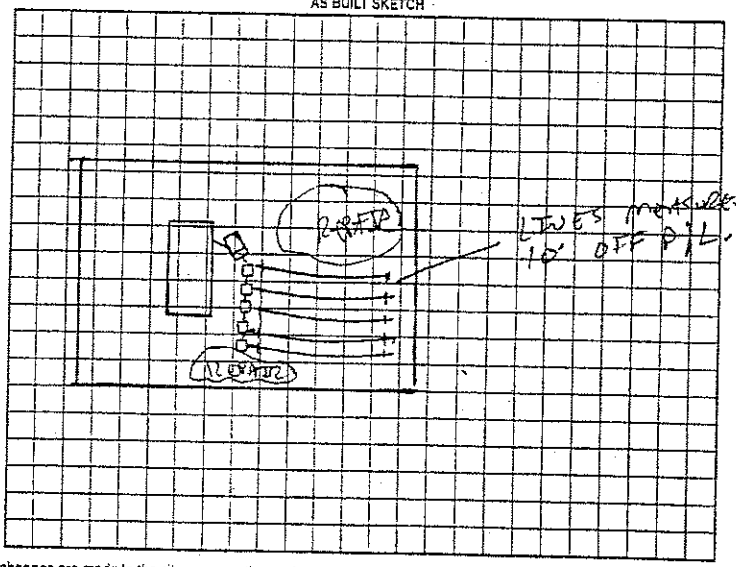
Comments/Conditions: (1) HOUSE MOVED LEFT 5' & SLID UP TO PARALLEL WITH ROAD 120' FROM BACK OF HOUSE TO FRONT LINE (2) DO NOT CUT DOWN THIS GRADE WITH DIGGING BOOMHOE. — FILL GREATLY ALTER & LAYOUT

Comments/Conditions: IF CUT, BACK FILL FOR POSITIVE DRAINAGE. MARK & LABEL FILTER, STUBBED OUT LOWER POSITIVE 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 with no 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: _____ date 6-7-02 Installed by: BRENT GALLIHER

Improvement Permit by: _____ date 06-07-02 Operation Permit by: _____ date 9-10-02

Authorization to Construct by: _____ date 06-07-02 Existing System Inspection by: _____ date _____

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