IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088046 PIN# 4769 17 5777 DATE 3-21-00

OWNER OR CONTRACTOR MICHAEL CROSBY PHONE: Business 528-4536 Home 872-0890

ADDRESS 346 TOMLIN MILL ROAD, OLIN NC 28660

LOCATION I-77 NORTH, TR TOMLIN MILL ROAD, 3RD DRIVE ON LEFT PAST RASH ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 11.0 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 825 Date 3-24-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR 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. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

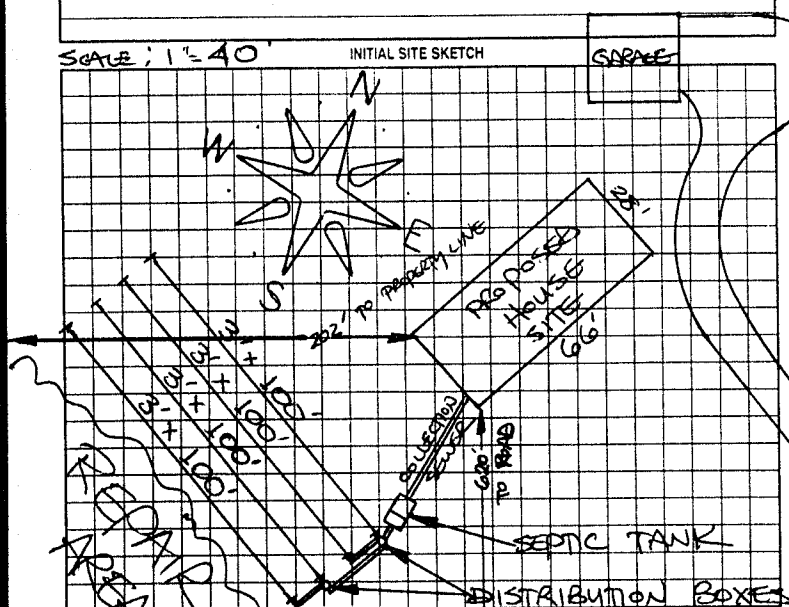
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions:

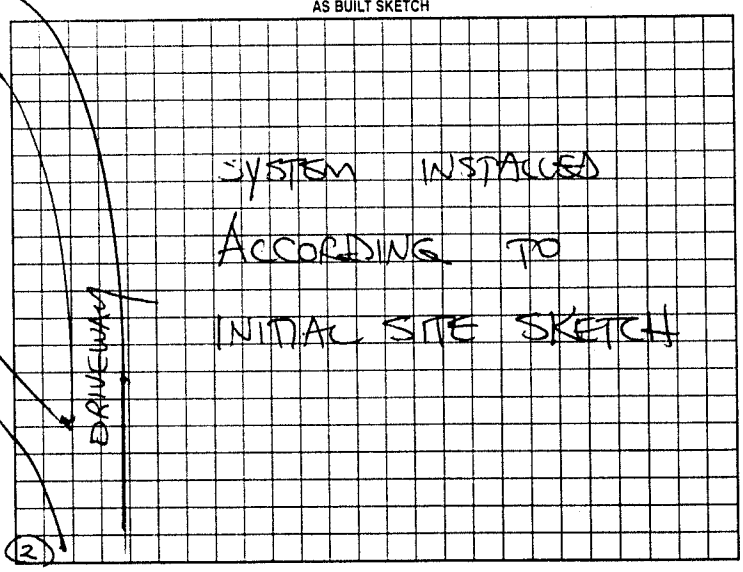
Comments/Conditions SEPTIC TANK WITH RISERS INSTALLED USING "POLY LOK" FILTER

SCALE: 1"=40'

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 plan 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: Mike W Crosby date 3-21-00 Installed by: ~~[illegible]~~ C & W GRADING

Improvement Permit by: STEVE HEDRICK date 3-21-00 Operation Permit by: STEVE HEDRICK date 6-6-2000

Authorization to Construct by: STEVE HEDRICK date 3-21-00 Existing System Inspection by: _____ date _____

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