CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103168 PIN# 4778-17-6168 DATE 11-5-01

OWNER OR CONTRACTOR TERESSA ARROYO PHONE: Business ______ Home 546-3425

ADDRESS 111 CAMFIELD DRIVE, OLIN NC 28660

LOCATION OLD MOORESVILLE NORTH (L) CHIEF THOMAS, (L) HARMONY BLEND LOT 31 ON LEFT

SUBDIVISION EASTON ACRES BLOCK / SECTION II LOT 31 LOT AREA 1.04 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

EXISTING

Septic Tank: 1000 Gallons; STB 1612 Date 5-10-99

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 5 x 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I (II) III IV V VI

System Description: CONV LCN

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 2 No. Bathrooms 2 No. Employees ______

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

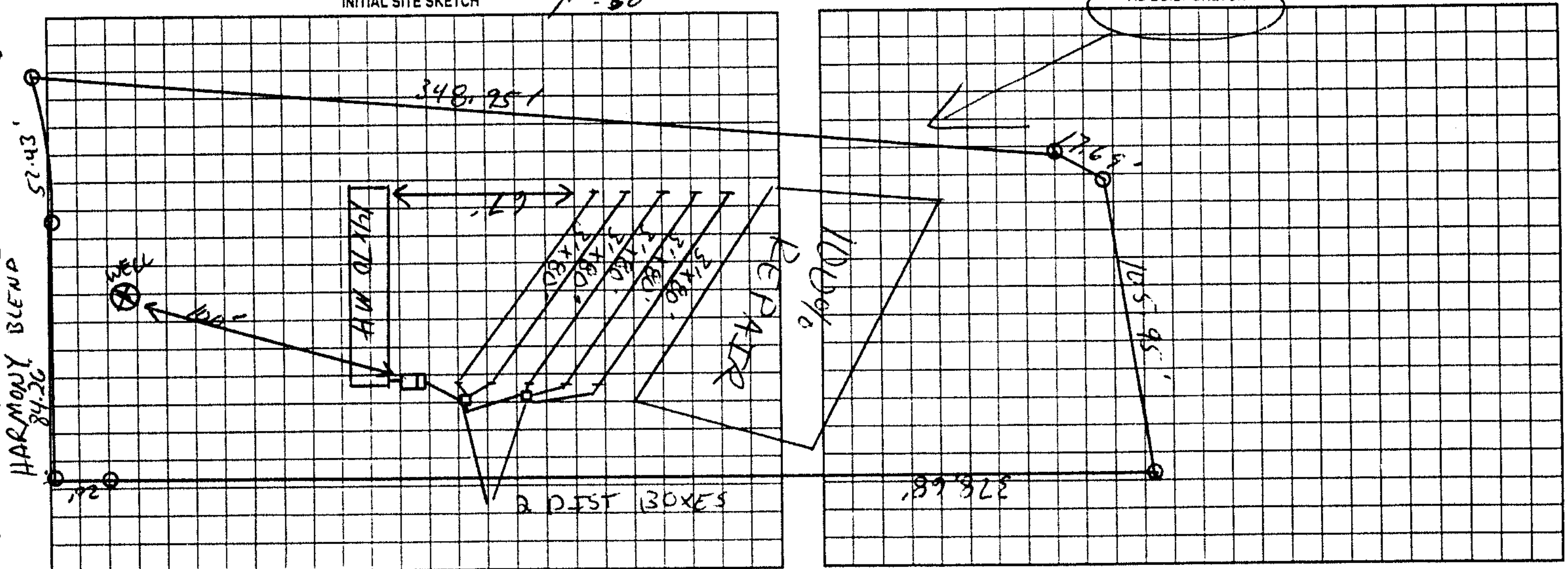
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: (1) MAINTAIN SETBACKS (2) SYSTEM SIZED FOR 3 BEDROOM HOUSE/SW/ONLY PUTTING ON TWO BEDROOM

Comments:/Conditions:

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: x Teresa Arroyo date 11-5-01 Installed by: A-1 BACKHOE

Improvement Permit by: ______ date ______ Operation Permit by: ______ date ______

Authorization to Construct by: ______ date ______ Existing System Inspection by: [signature] RS date 11-5-01

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