IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c1) MOORESVILLE 704-664-5281

(c) IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 107038 PIN# 4812-65-5872 DATE 10-4-02

OWNER OR CONTRACTOR JAMES R. STALEY PHONE: Business _____ Home 704-539-5256

ADDRESS 405 TRUMPET BRANCH RD OLIN, NC 28660

LOCATION NC 115 N, TL COOLBROOK ROAD, DRIVEWAY ON LEFT PAST HORSEPLAY LANE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.82 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.50 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-21-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines THREE Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. (II.) III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

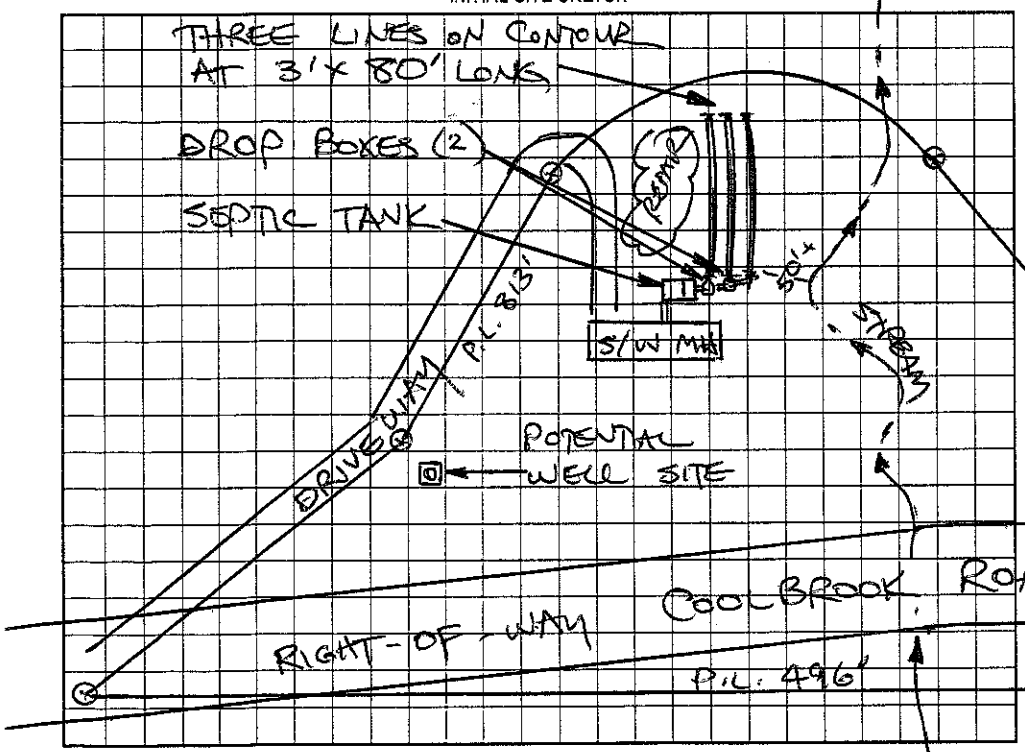
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other FUTURE 3 BR.
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

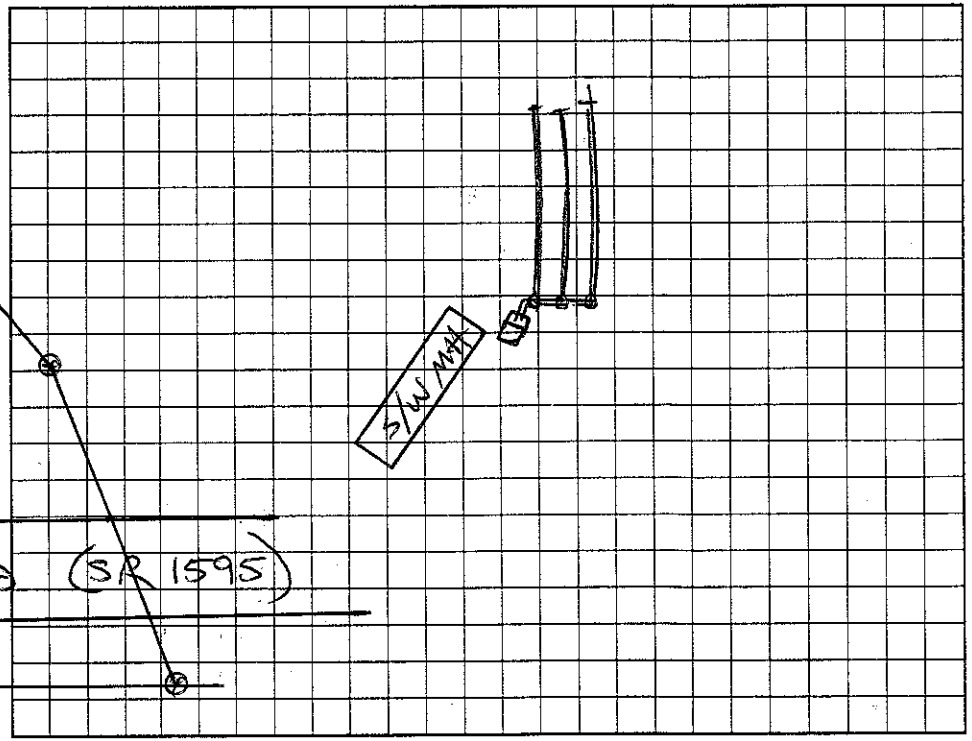
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments:/Conditions: SEPTIC TANK INSTALLED USING "TUF-TITE" FILTER & MARKER SYSTEM & MH LOCATION ALTERED AS SHOWN

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 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: V Jim Staley date 10-4-02 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 10-4-02 Operation Permit by: STEVE HEDRICK date 7-25-03

Authorization to Construct by: STEVE HEDRICK date 10-4-02 Existing System Inspection by: _____ date _____

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