IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20353 DATE 2/21/95 TAX MAP NO. 15J-A-38A Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR PAUL LAYFIELD PHONE: Business _____ Home _____

ADDRESS 206 BUZZARD LANE OLIN NC 28660

LOCATION NC 115 N TO LINNEYS MILL ROAD ON RIGHT 0.8 MILES.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.4 (EXISTING)

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 300

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

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

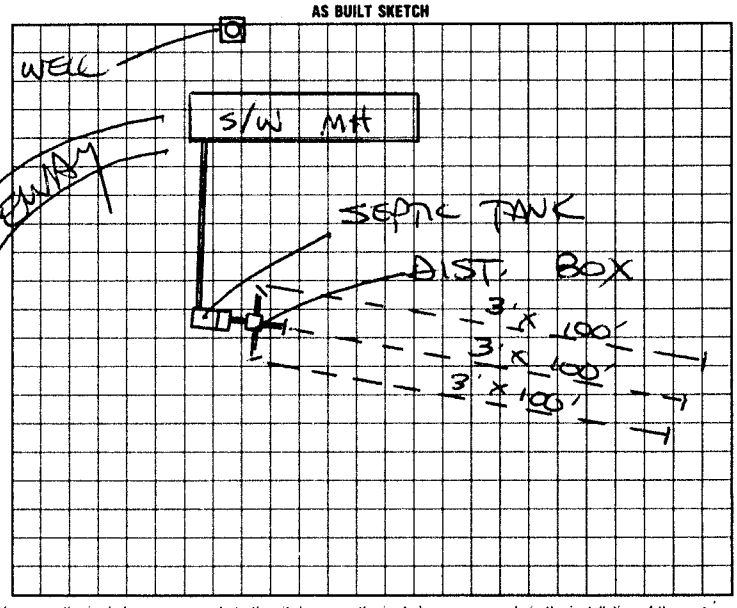
Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

LINNEYS MILL ROAD (SR 1598)

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 2/21/95 Operation Permit by: _____ date _____

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