IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120442 PIN# ~~4821-58-3674.000~~ 81-3801 DATE 5-8-04

OWNER OR CONTRACTOR Rachel L. Arrington PHONE: Business _____ Home (704) 592-7464

ADDRESS 531 Myers Mill Rd Olin NC 28660

LOCATION 115 N (R) Bruce Farm Rd (L) Rex Ln

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .71 SITE CLASS PS DESIGN FLOW 450 L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1000 Date 3-30-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conventional Gravity
Repair System Description: CPP
Maintenance Agreement Required: ☐ Yes ☑ No

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

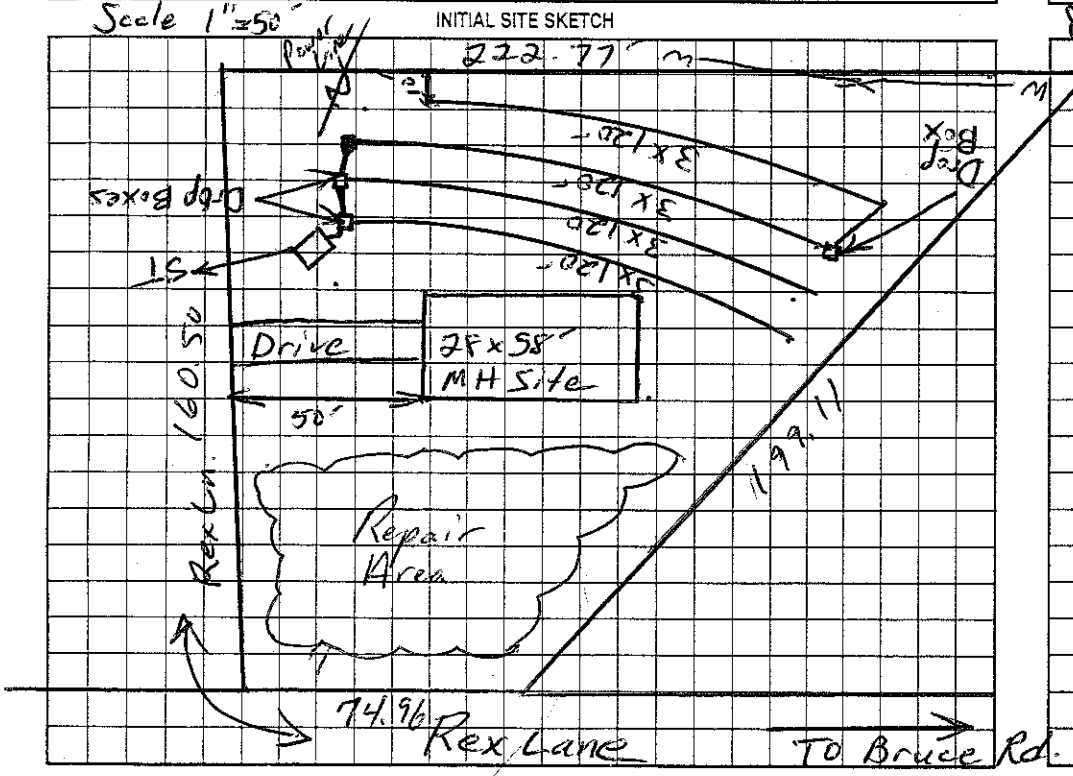
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① Install lines 18-20" on contour
② Maintain at least a 5' setback from mobile home

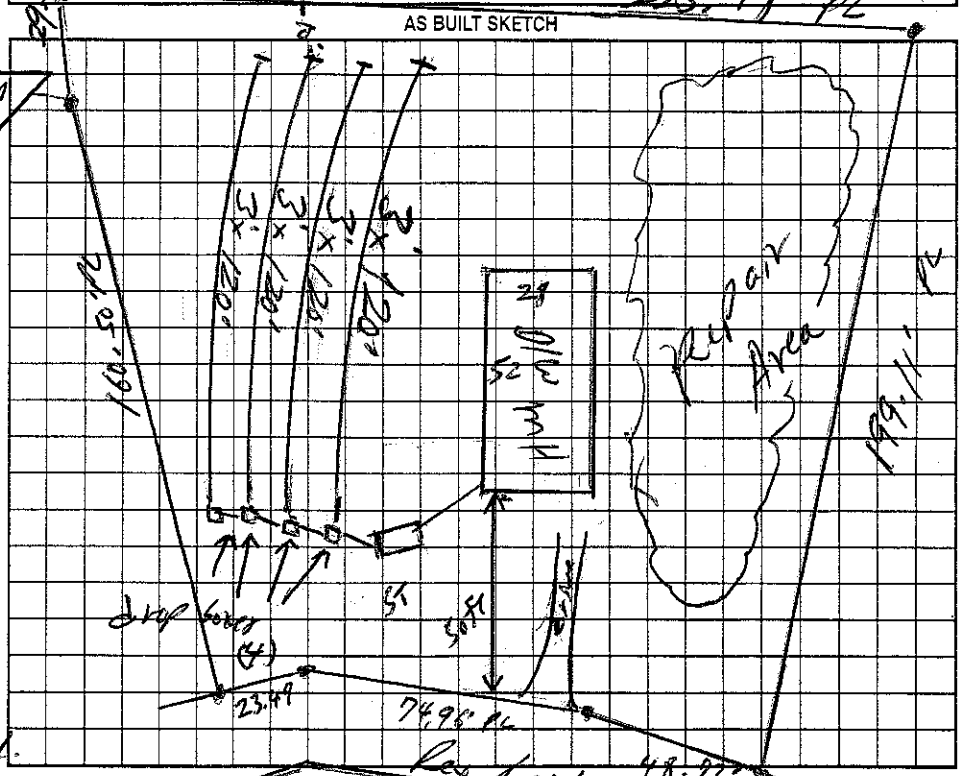
Comments/Conditions: - Tuff Tite Filter Installed + ST marker
1st + 2nd lines Installed greater than 20" deep

Scale 1"=50'

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: Tom Arrington date _____ Installed by: Union Grove Septic

Improvement Permit by: Christopher M. Shields PE date 5-8-04 Operation Permit by: William O. Johnson date 6/14/04

Authorization to Construct by: Christopher M. Shields PE date 5-8-04 Existing System Inspection by: _____ date _____

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