IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# DATE 4-4-00

OWNER OR CONTRACTOR NOEL K. WEISNER PHONE: Business Home 539-5310

ADDRESS 115 AMBLE ROAD, OLIN, NC 28660

LOCATION US NORTH, TL JENNINGS, TL WEISNER TREU SEPTIC SPRINGS, TR AMBLE, 1ST ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA ACREAGE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 18"

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2½ No. Employees

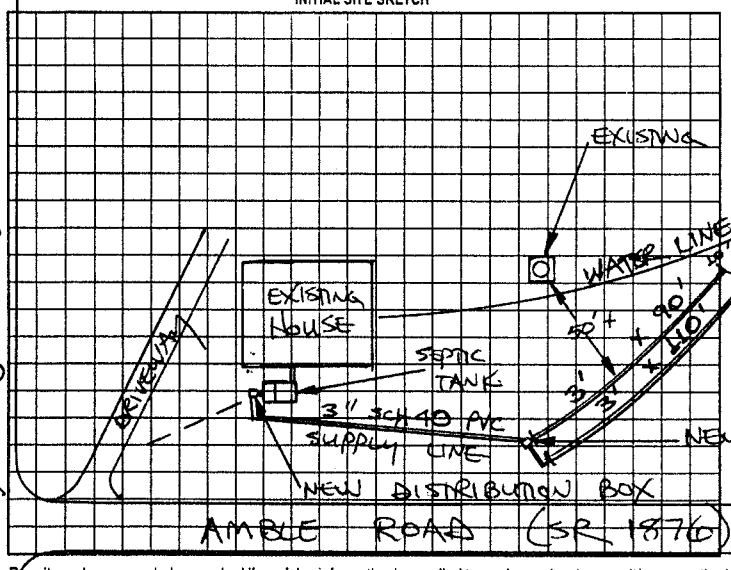
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community SPRING

Comments:/Conditions: INSTALL NEW TRENCHES AS FLAGGED USING 18" STONE & INSTALL NEW SANITARY TEE IN SEPTIC TANK

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE SKETCH

NEW DROP BOX (1)

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: [signature] date 4/4/00 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 4-4-00 Operation Permit by: STEVE HEDRICK date 5-17-00

Authorization to Construct by: STEVE HEDRICK date 4-4-00 Existing System Inspection by: date

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