IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89758 PIN# 4837 39 6863 PT DATE 6-15-00

OWNER OR CONTRACTOR Rachel + Tom Arrington PHONE: Business _____ Home 592-7464

ADDRESS 831 myers mill Rd Olin N.C.

LOCATION 901 west TL myers mill TR ~~Rd~~ morgan Fork Cross 1st Bridge TL 1/8mi at creek

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA approx 6acres CLASS PS DESIGN FLOW 360 L.T.A.R. .6

Septic Tank: 1000 Gallons; STB 1012 Date 2-19-2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 4 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. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

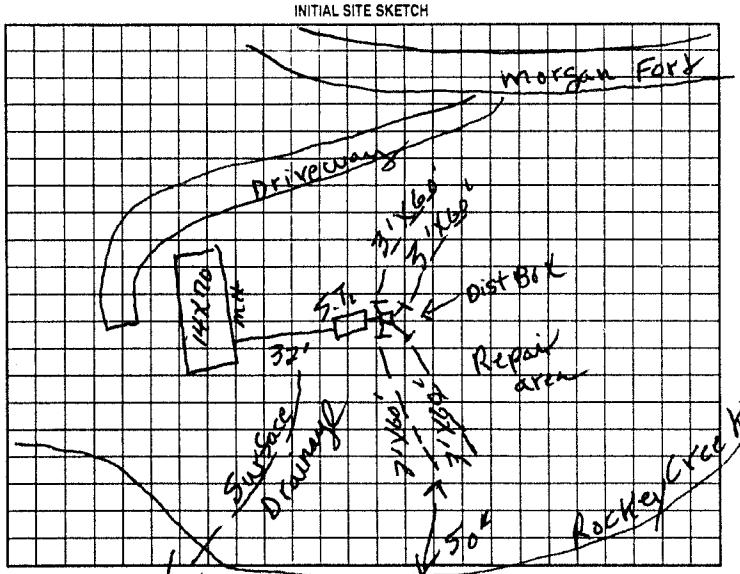
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK W/ MARKED INSTALLED USING "POLY LOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: STEVE JORDAN

Improvement Permit by: P.C. Moore date 6-15-00 Operation Permit by: STEVE HEDRICK date 6-26-00

Authorization to Construct by: P.C. Moore date 6-15-00 Existing System Inspection by: _____ date _____

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