IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219048

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

PIN # 4832504645

APPLICANT: Donnie Selpel APPLICANT ADDRESS: 884 Eupeptic Springs Rd Olin NC

SITE ADDRESS: 235 Goforth Rd Olin NC PHONE: 704-361-9148 ALT. PHONE: 276-637-3113

SITE DIRECTIONS: I-40 N T/R Friendship Rd T/L Myers Mill Rd T/R Goforth Rd Lot on L/T

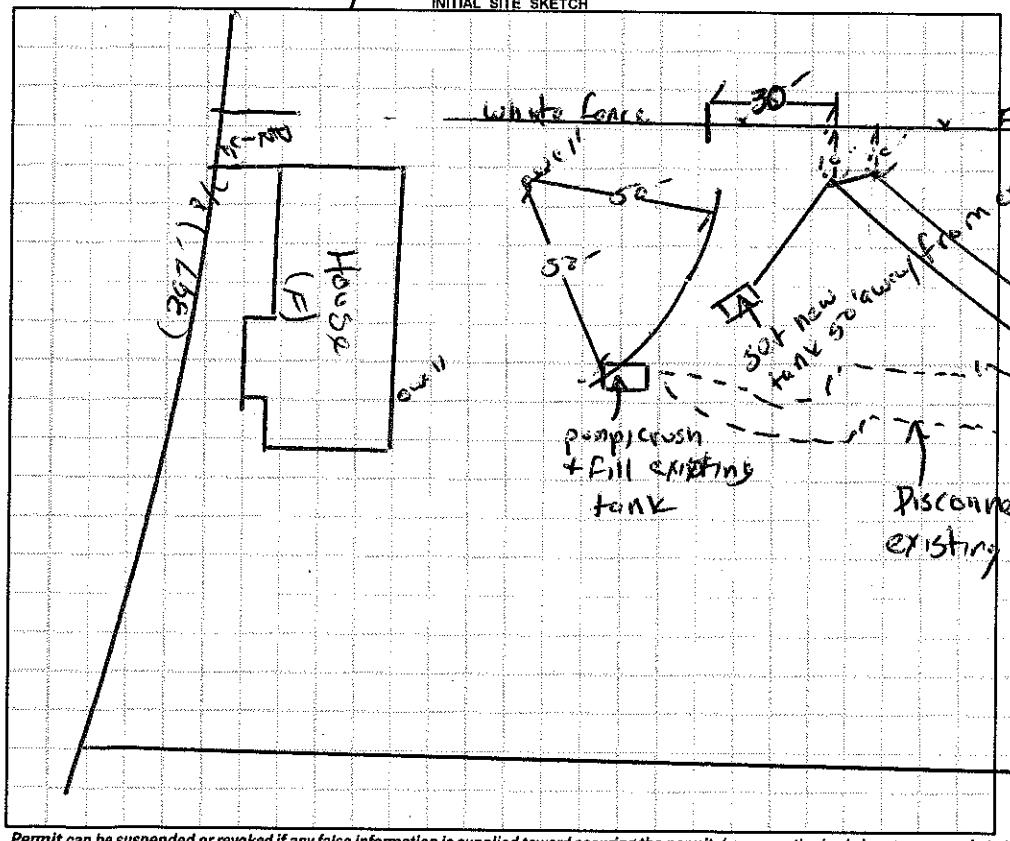
SUBDIVISION: Ethel P Goforth Primary Tract SECTION: n/a LOT # 3 LOT AREA: 74.1 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	3-7-16	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	n/a (gal)	PT	n/a	Date	n/a	System Description:			25% Reduction	☐ Business	No. Persons 6
Pump Make	n/a	Model	Poly/Flo	Serial #	PL-68	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	n/a		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

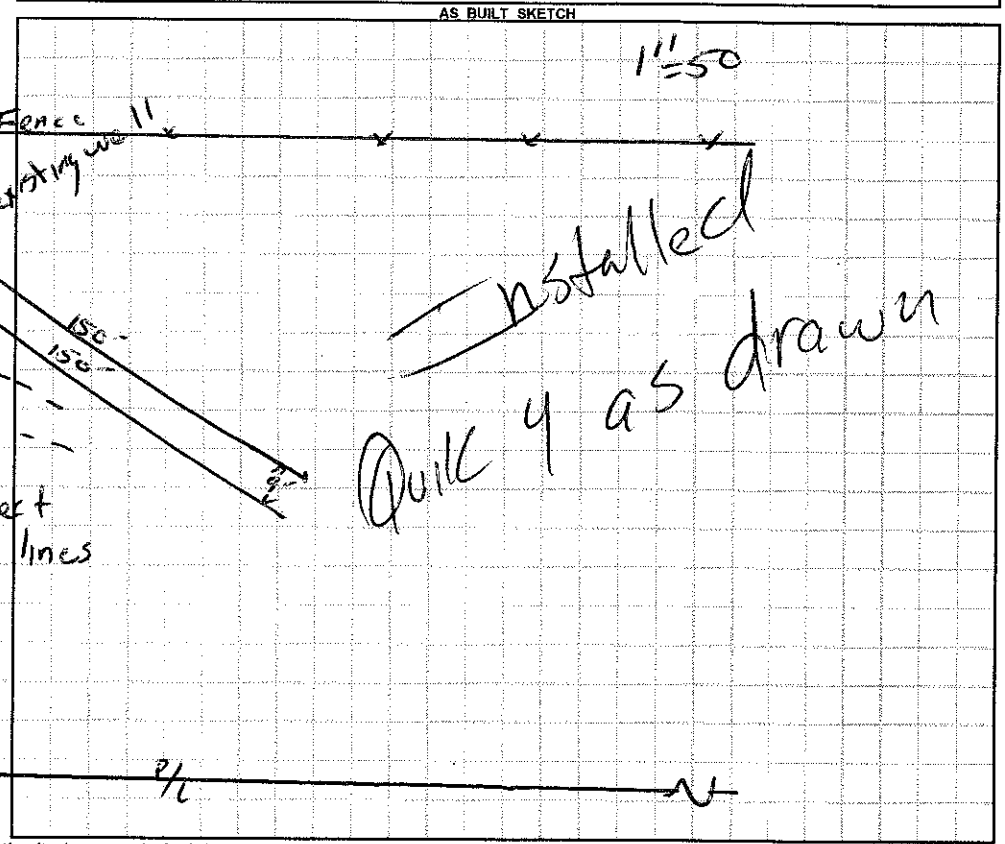
Water Supply: ☒ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution. Set new tank 50' away from existing wells. Pump, crush + fill existing tank.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Donnie Selpel Date: 6/8/16 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 06/06/16 OPERATION PERMIT by: [signature] Date: 06/20/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/06/16 Existing System Inspected by: _____ Date: _____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK