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. 18303 DATE 4/19/94 TAX MAP NO. 15F-A-12 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RACHEL L. ARRINGTON PHONE: Business _____ Home 592-7464

ADDRESS RT. 1, BOX 200-A OLIN, NC 28660

LOCATION NC 115 N, TR PROSPECT CH RD, TL MYERS MILL RD, TL MORGAN FORD RD, CROSS BRIDGE FIRST ON L

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 1 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12/29/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

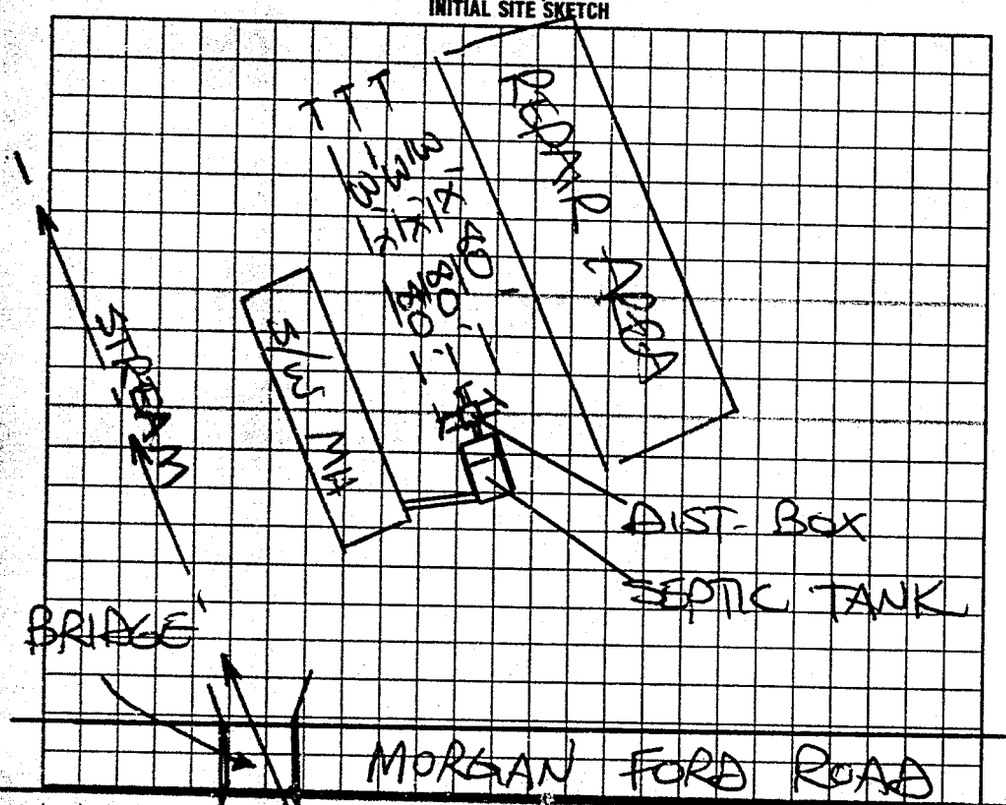
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 50' FROM CREEK ② INSTALL LINES NO DEEPER THAN 36", 9' APART ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: R. L. Arrington

Improvement Permit by: STEVE HEDRICK date 4/12/94

Existing System Inspection by: _____ date _____

Installed by: JAMES HUBER

Certificate of Completion by: STEVE HEDRICK date 4/21/94

Operation Permit by: _____ date _____

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