IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212339 BF

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

PIN # 4833528526802680

APPLICANT: Cory + Brandi miller APPLICANT ADDRESS: 346 Cross Country Rd Statesville NC

SITE ADDRESS: 1189 Myers Mill Rd Olin NC PHONE: 704-239-8693 ALT. PHONE: N/A

SITE DIRECTIONS: 115 N T/R 901 T/R Myers mill Rd Property on right.

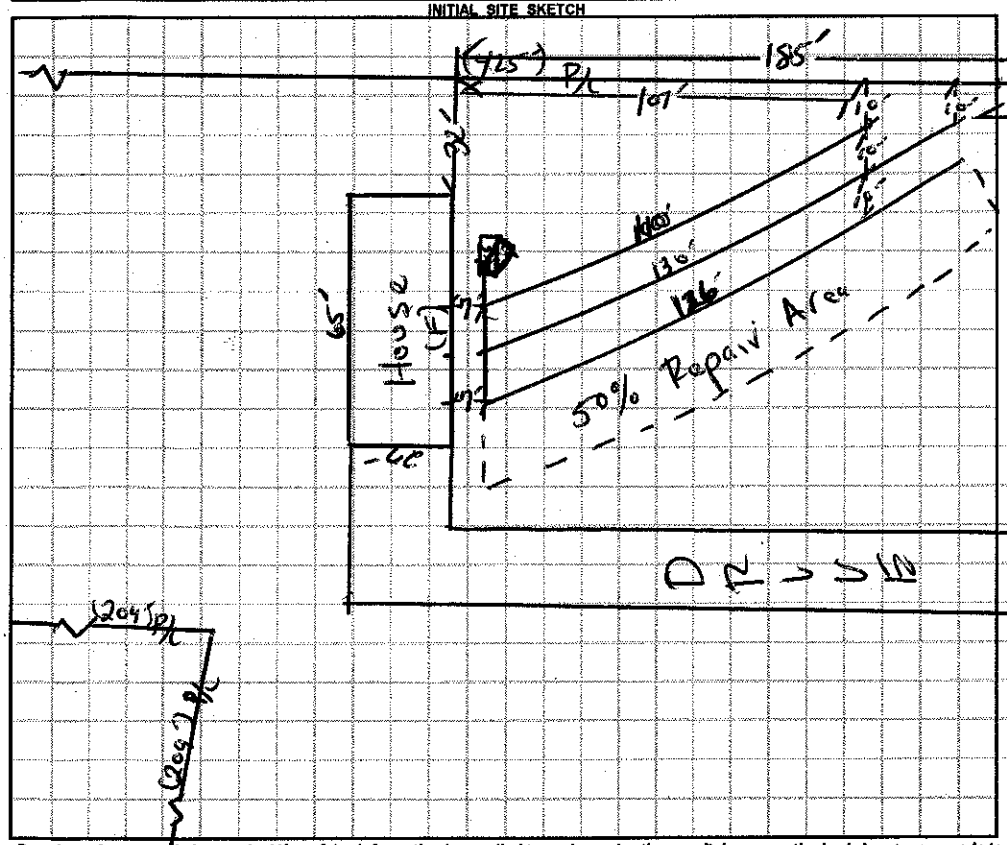
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 12.3.254 DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	760	Date	12-14-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			
Pump Make	N/A	Model	Pow/olc		Serial #	PL-68	Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth	36"		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			

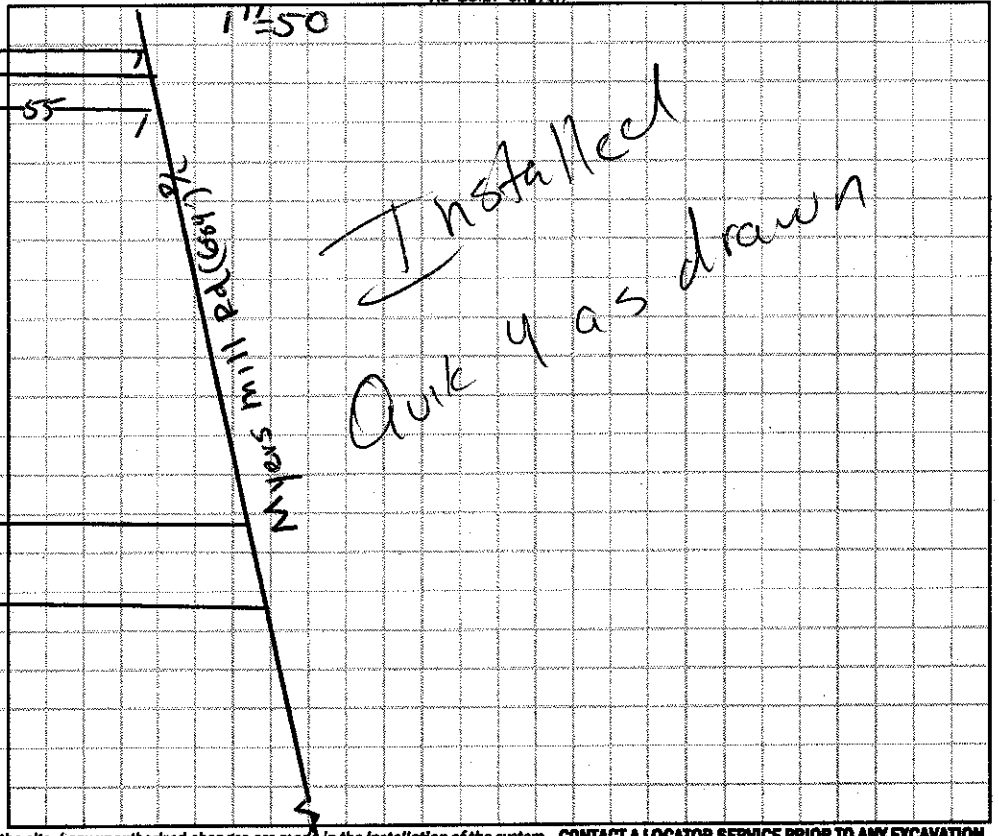
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on Contour with Serial distribution

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: Date: 9/21/15 Installed by: Abee's Clearing

IMPROVEMENT PERMIT by: Date: 09/17/15 OPERATION PERMIT by: Date: 03/23/16

AUTHORIZATION TO CONSTRUCT by: Date: 09/17/15 Existing System Inspected by: Date:

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