IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073985 PIN# 4840 34 5895 (PT) DATE 6-17-98

OWNER OR CONTRACTOR JOEL T. WILLIAMS PHONE: Business 633-0571 Home 876-3943

ADDRESS 294 GETHSEMANE ROAD, OLIN, NC 28660

LOCATION US 21 NORTH, TL JENNINGS ROAD, TL GETHSEMANE ROAD, 0.9 MILE ON RIGHT, BACK 600'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS PS1 DESIGN FLOW 480 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-21-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 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

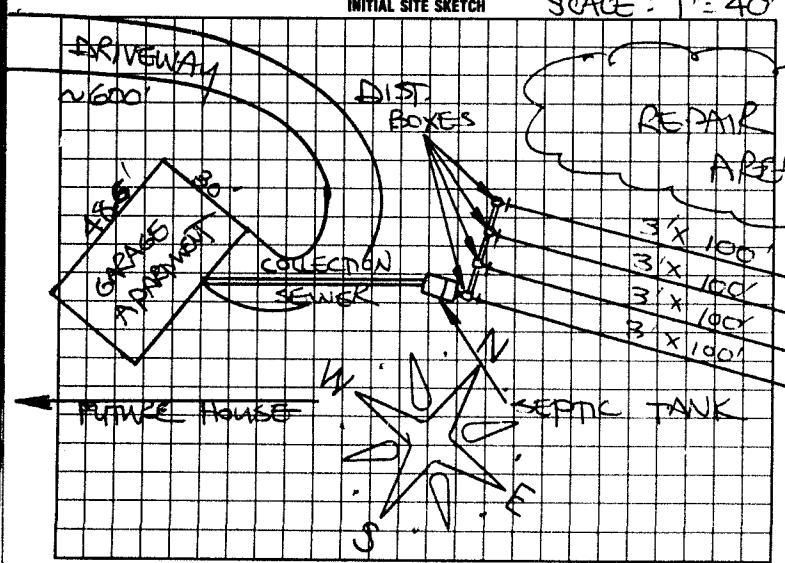
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other FUTURE 4 BR
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~Individual~~ ☐ Public ☐ Community

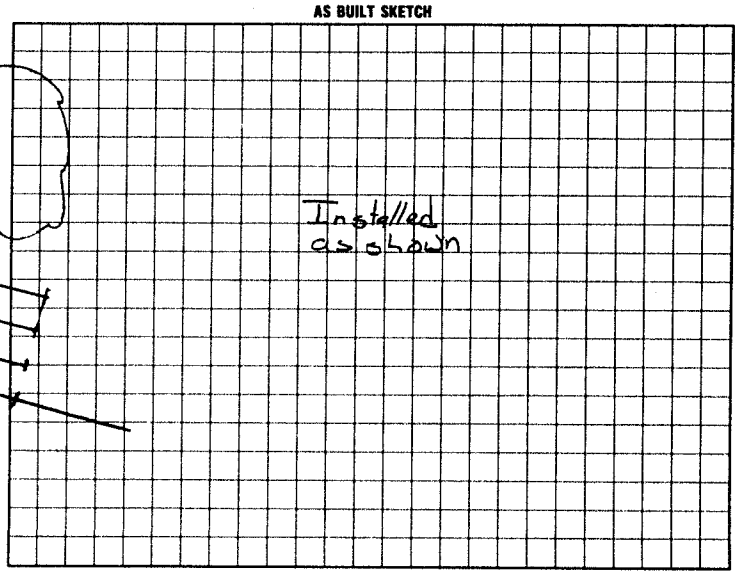
Comments:/Conditions:

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INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT 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 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: Joel T. Williams date 6/17/98

Improvement Permit by: STEVE HEDACK date 6-17-98

Authorization to Construct by: STEVE HEDACK date 6-17-98

Installed by: Kenny Madison

Operation Permit by: [signature] date 7-29-99

Existing System Inspection by: _____ date _____

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