IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 128532 PIN# 4840358074 DATE 7/22/05

OWNER OR CONTRACTOR TED WILLIAMS PHONE: Business 704-450-4725 Home 704-876-0110

ADDRESS 516 JOSEY RD OLIN, NC 28660

LOCATION 21N ① JENNINGS RD ② GETHSEMANE RD ® LOT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.5 ACRES SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 10-23-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~540~~ 535
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAVITY CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☒ No

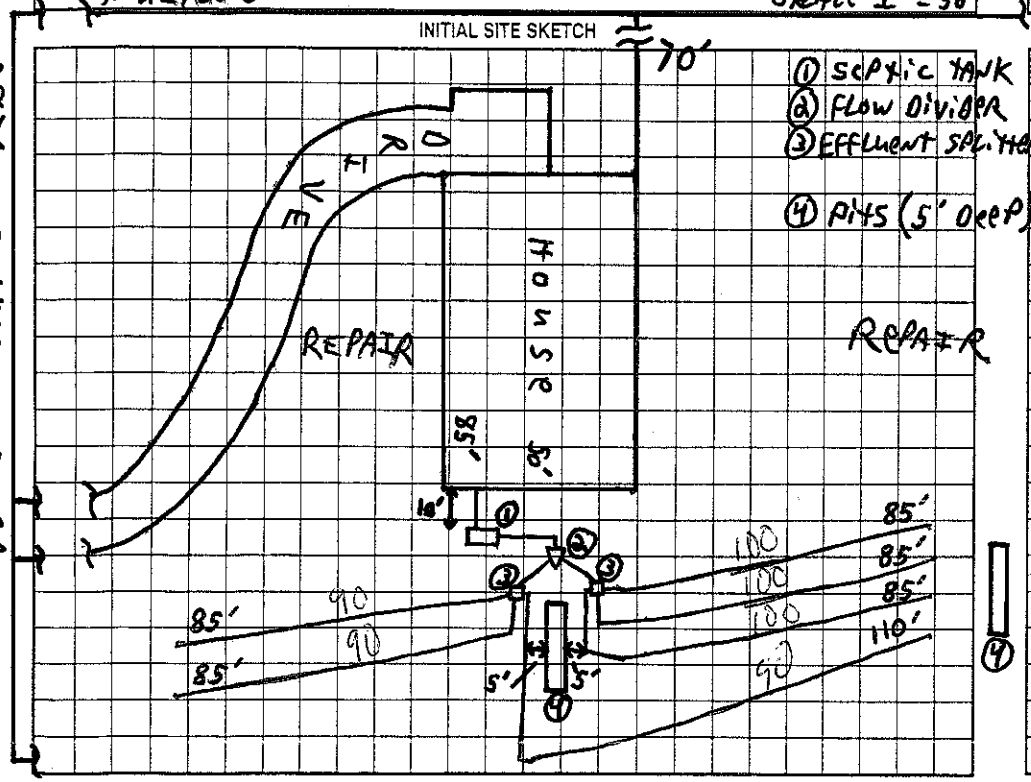
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

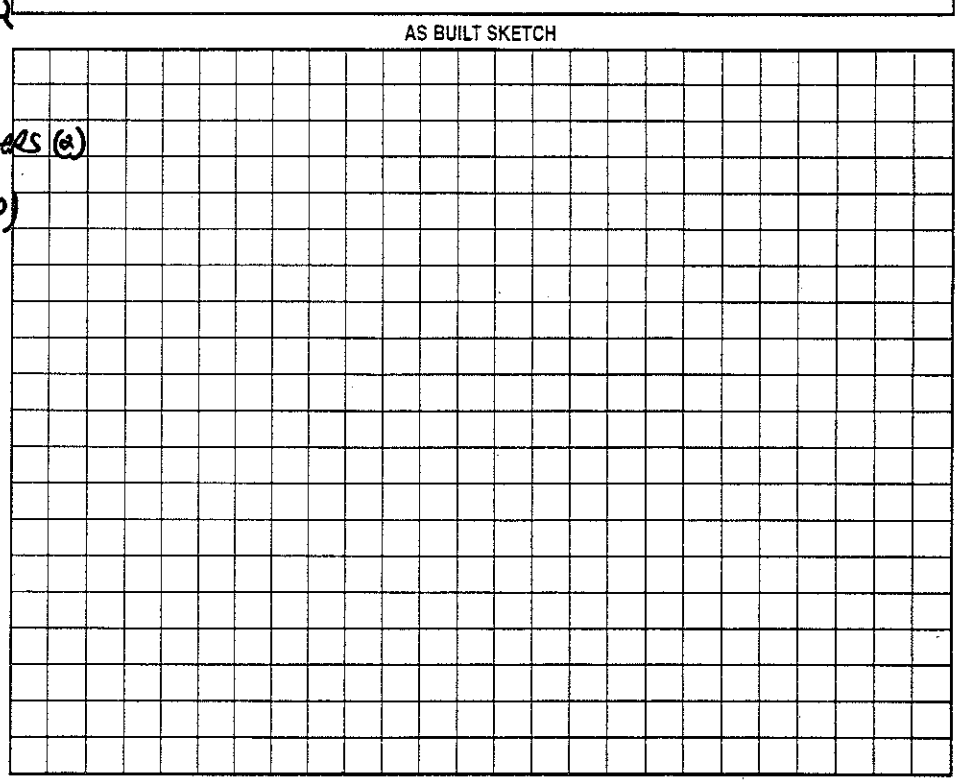
Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN ALL SETBACKS FILL IN PITS AND KEEP SEPTIC SYSTEM AT LEAST 5' FROM FILLED IN PITS. USE EFFLUENT SPLITTER SUCH AS ZOELLER TEE-FLOW

Comments:/Conditions:

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. 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: Ted M. Williams date 7/22/05 Installed by: Welborne's Grading

Improvement Permit by: [signature] date 7/22/05 Operation Permit by: [signature] date 5-15-06

Authorization to Construct by: [signature] date 7/22/05 Existing System Inspection by: _____ date _____

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