IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~1000~~ 101962 PIN# 4840 44 7664 (PART) 4471 DATE 8-21-01

OWNER OR CONTRACTOR JAMES D. SPRINKLE PHONE: Business _____ Home (704) 876-1891

ADDRESS 204 GETHSEMANE ROAD OLIN NC 28660

LOCATION US 21 N, TL JENNINGS ROAD, TL GETHSEMANE RD, 0.7 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 44.75 ACRES (PART OF) SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1000 Date 11-16-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines THREE 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/pump
Maintenance Agreement Required: ☐ Yes ☑ No

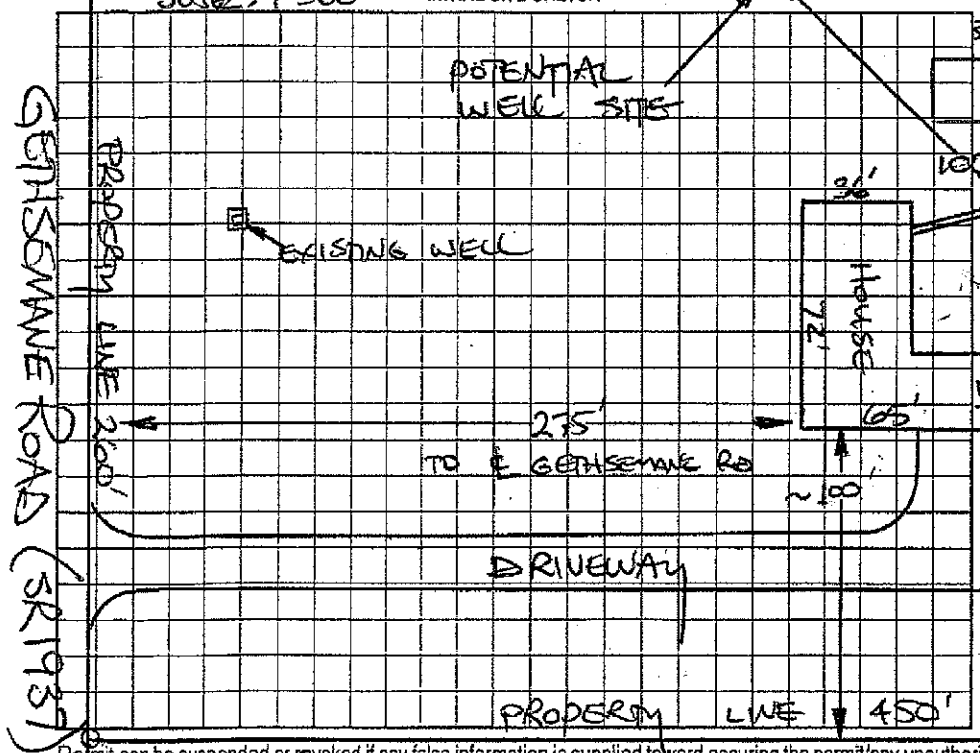
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

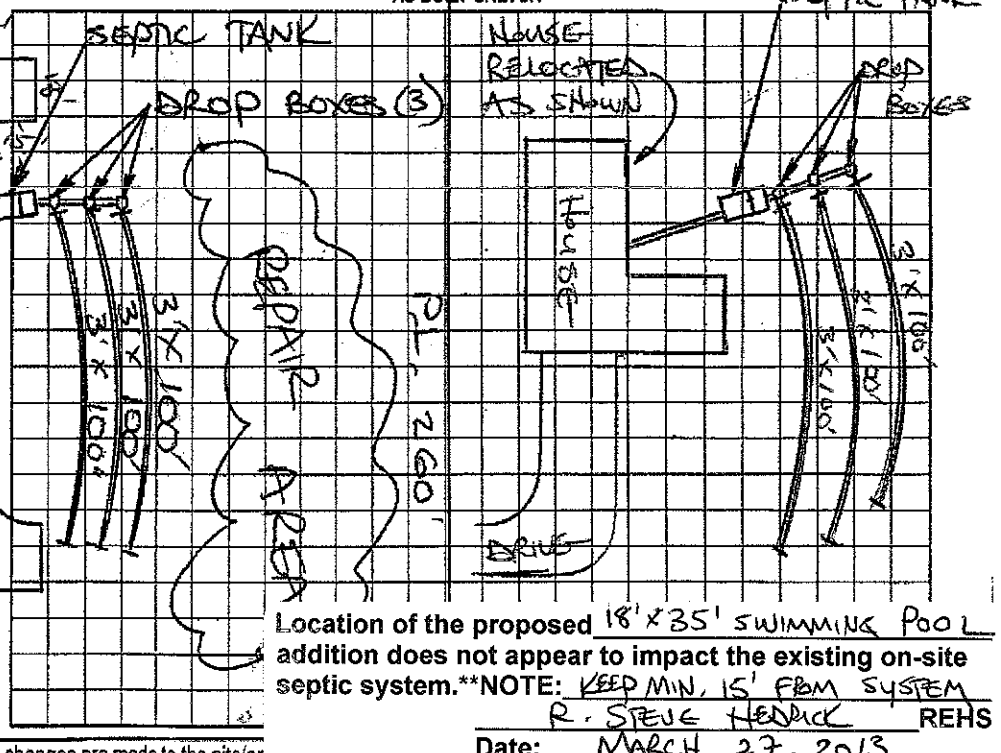
Comments/Conditions: KEEP SYSTEM MINIMUM 100' FROM WELL
PROPERTY LINE 450'

Comments/Conditions: SEPTIC TANK WITH RISERS & MARKER INSTALLED USING "ZABEL" FILTER

~SCALE: 1"=60' INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed 18'x35' SWIMMING POOL addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN. 15' FROM SYSTEM

R. STEVE HEDRICK REHS
Date: MARCH 27, 2013
ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/ar
Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period eq.

Signed: _____ date 8-21-01 Installed by: JAMES HUNTER

Improvement Permit by: STEVE HEDRICK date 8-21-01 Operation Permit by: STEVE HEDRICK date 1-12-05

Authorization to Construct by: STEVE HEDRICK date 8-21-01 Existing System Inspection by: _____ date _____

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