IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 5-27-03

STATESVILLE 704-878-5305 (E1) MOORESVILLE 704-664-5281

(C1) IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 112628 PIN# 4840-51-4211 DATE 8-21-03

OWNER OR CONTRACTOR DAVID HAYNES PHONE: Business _____ Home 704-902-0987

ADDRESS 105 GETHSEMANE ROAD, OLIN, NC 28660

LOCATION US 21 NORTH, TL JENNINGS ROAD, TL BUSSELL ROAD, 0.2 MILE ON RIGHT, 500' OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 56.58 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.25 GAD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 9-2-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines FIVE 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: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

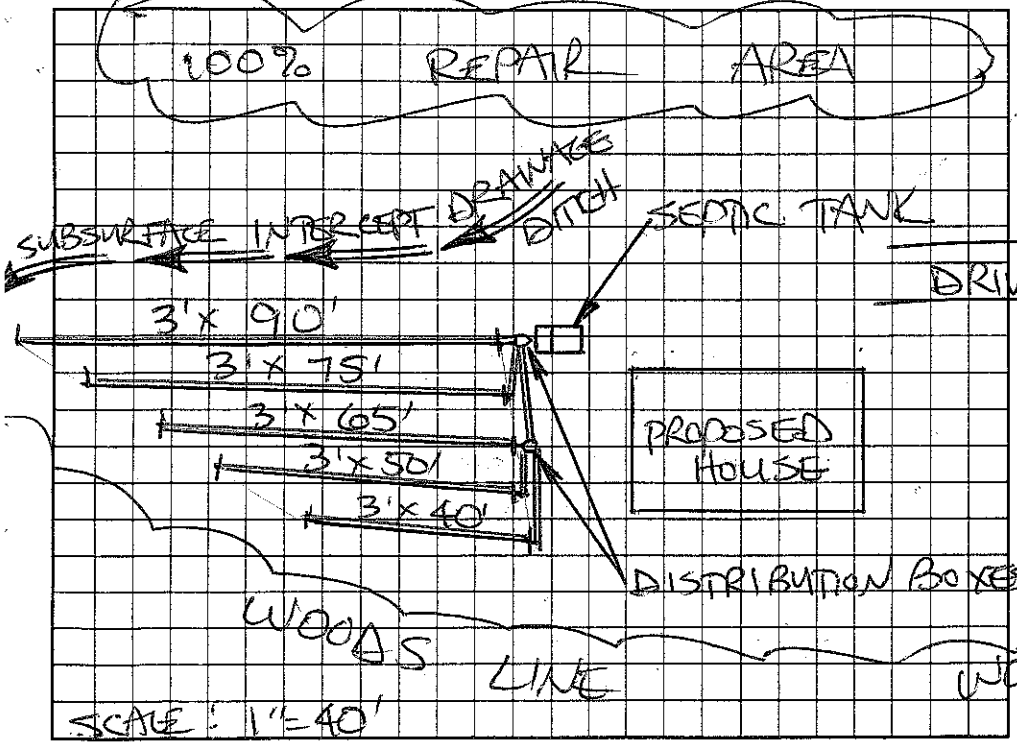
☒ House/Mod. Home No. Bedrooms 1/2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

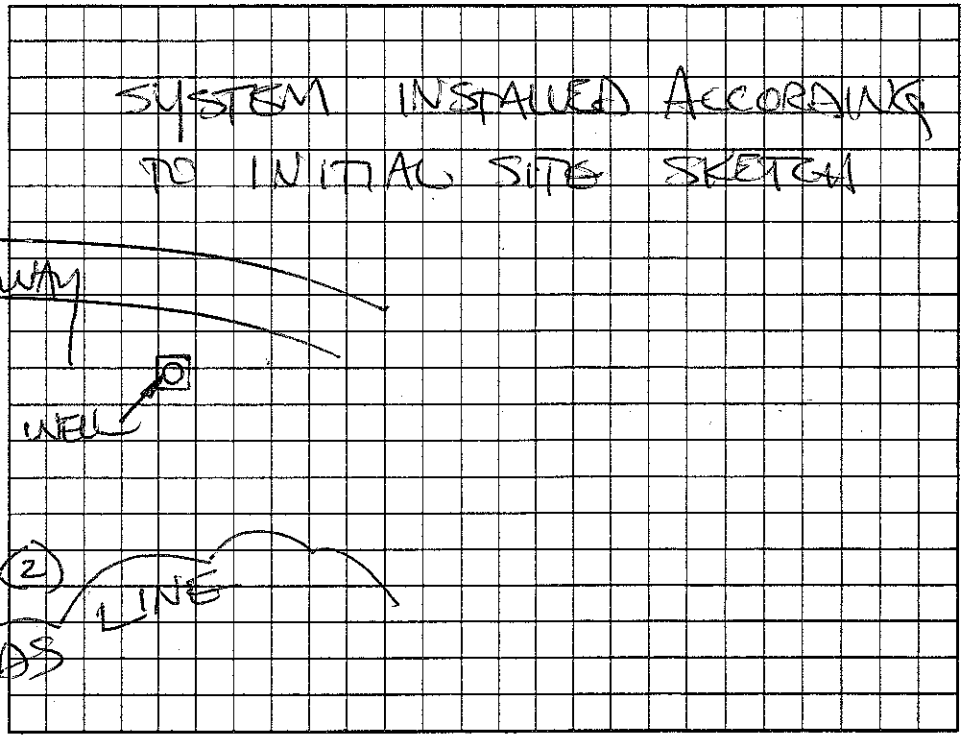
Comments:/Conditions: INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN, MINIMUM 48" DEEP WITH FALL OUT TO DAYLIGHT

Comments:/Conditions: (C) SEPTIC TANK WITH RISERS & MARKER INSTALLED USING "ZABEL" FILTER (E) LOWER FOUR LINES INSPECTED 2-24-04

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: x D. Grant Haynes date 8-21-03 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 8-21-03 Operation Permit by: STEVE HEDRICK date 2-25-04

Authorization to Construct by: STEVE HEDRICK date 8-21-03 Existing System Inspection by: _____ date _____

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