IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Farm Use 100240 PIN# 4740 12 28 46 DATE 2/29/01

OWNER OR CONTRACTOR Jerry Eades PHONE: Business — Home (704) 876-3819

ADDRESS 1908 Jennings Road Olin, NC 28660

LOCATION 21 N. to Jennings (~ 1 mile); past NEHS in field across from Catherine Mane Baptist Church

SUBDIVISION ____ BLOCK / SECTION ____ LOT — LOT AREA 4.91 Acres SITE CLASS 5 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 4000 Gallons: STB 794 Date 2-23-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267
No Lines 3@90 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

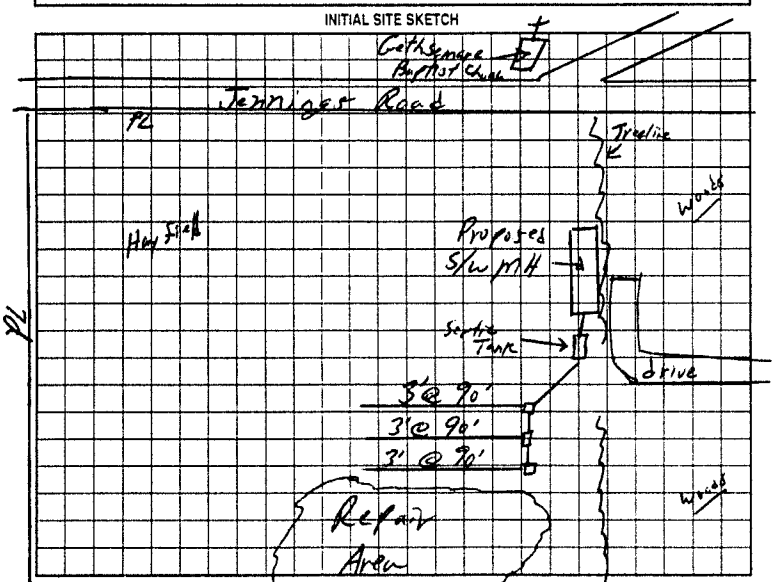
☐ House/Mod. Home No. Bedrooms 2
X Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____

Water Supply: X Individual ☐ Public ☐ Community

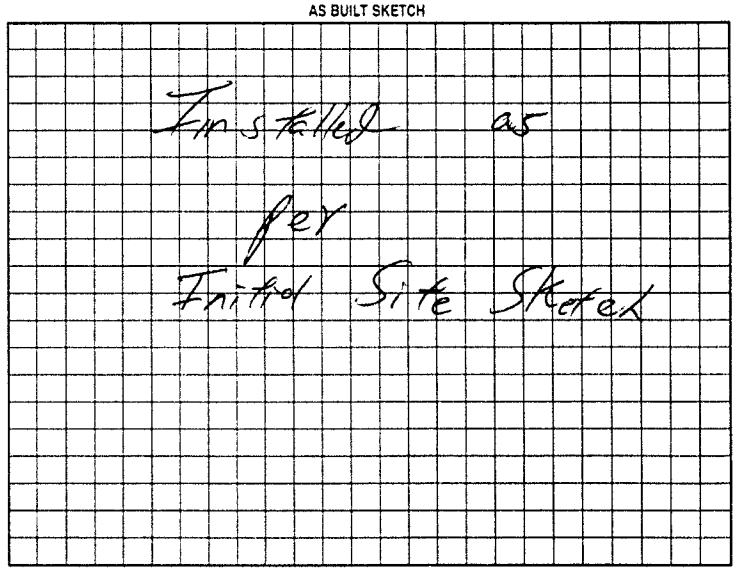
Comments/Conditions: ① Do Not Install when wet ② Install lines on Contour

Comments/Conditions: Poly bk Filter Installed
-Septic Tank Marker Installed

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: Debbie Bonfield date ____ Installed by: Kenny Madison Grading

Improvement Permit by: William E. Johnson RSI date 2/28/01 Operation Permit by: William E. Johnson RSI date 4/18/01

Authorization to Construct by: William E. Johnson RSI date 2/28/01 Existing System Inspection by: ____ date ____

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