IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 3-13-07

PERMIT 32351 PIN# 489 nw 336

OWNER OR APPLICANT Robert E Mundy PHONE: Business _____ Home _____

ADDRESS 132 Bay Loop Olin 28660

LOCATION 21W to Jennings Rd (L) Bay Loop on right SITE CLASS. B DESIGN FLOW 300 L.T.A.R. .3

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.73

Septic Tank: 1000 Gallons; STB 612 Date 4-4-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: EV Sand 25% Elevated

Repair System Description: 25% Elevated

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ___ No. Employees ___

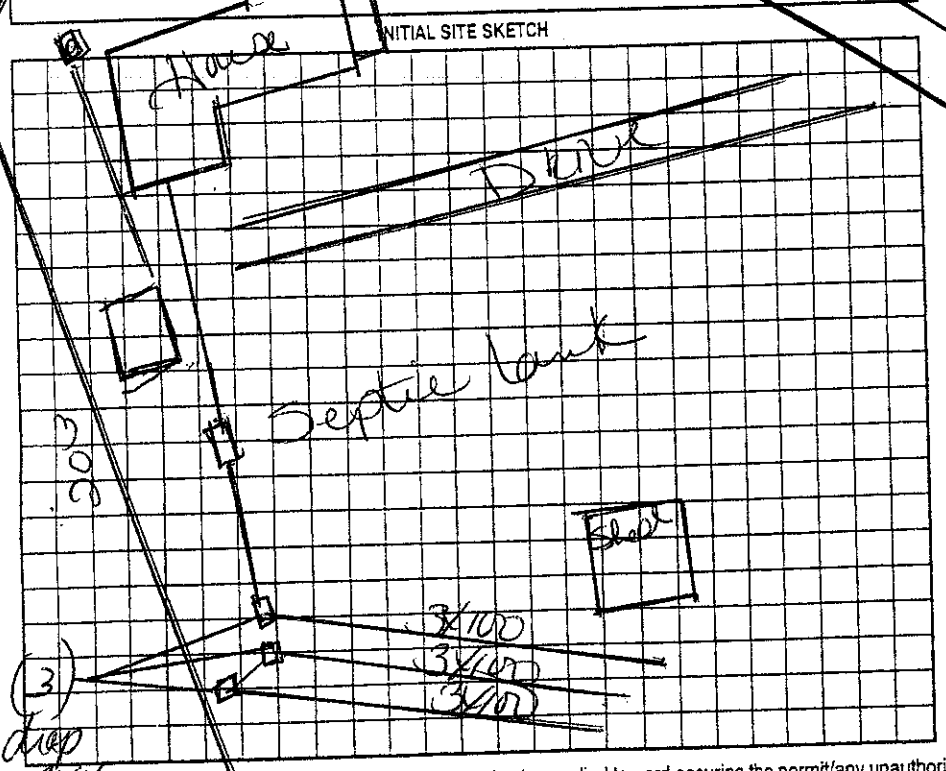
Water Supply: ☐ Individual ☑ Public ☐ Community

☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

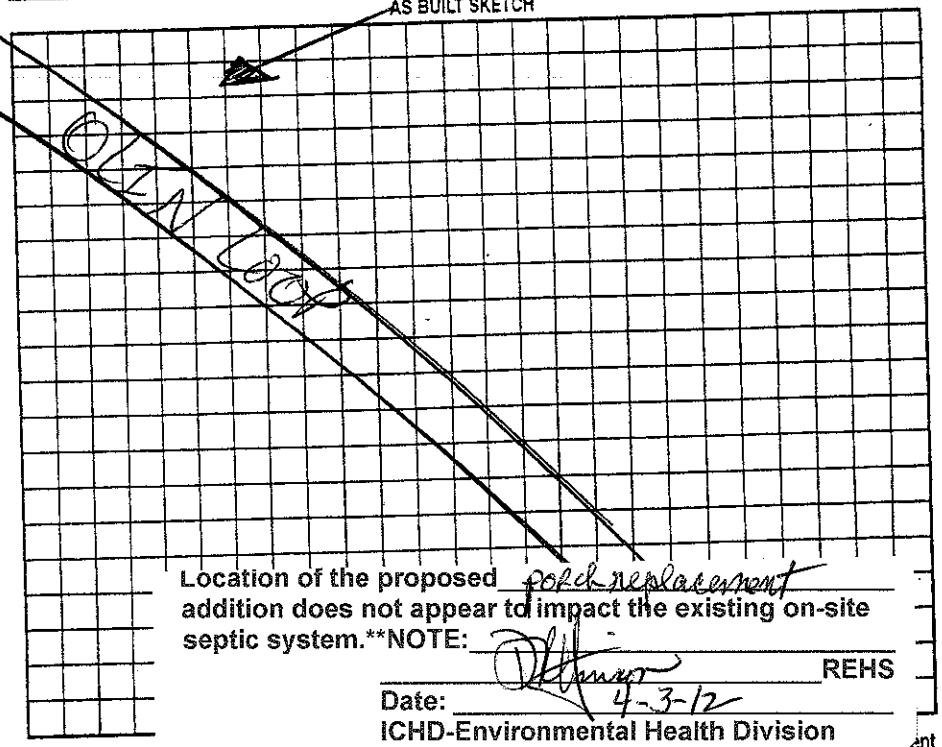
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed porch replacement addition does not appear to impact the existing on-site septic system.**NOTE: _____ REHS

Date: 4-3-12

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/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: _____ date _____ Installed by: _____ date _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Kelly Carr date 3-13-07

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