pd #130

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 120 299 PIN# 4884 90 5617 DATE 6/16/04

OWNER OR CONTRACTOR RIVER CABIN LLC PHONE: Business 609-7745 Home

ADDRESS PO BOX 1732 LINCOLNTON NC 28093

LOCATION 77 N - TR TOMLIN MILL - TL JOSEY - TL OLIN COOP - ON LT

SUBDIVISION OLINCOLEN BLOCK / SECTION 1 LOT 21 LOT AREA 1.51Ac SITE CLASS. 1.5 DESIGN FLOW 360GPD L.T.A.R. 360/KF=

Septic Tank: 1000 Gallons; STB 1012 Date 5-4-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: ORANGE 25% REDUCTION

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

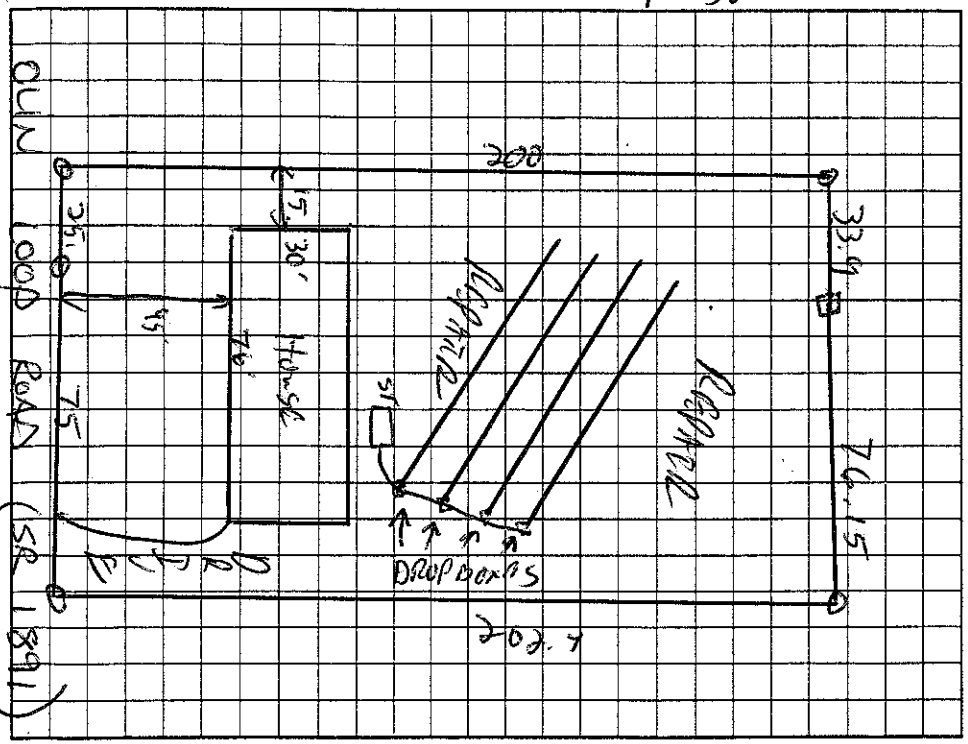
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" FILTER

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: ____ date 8/30/04

Improvement Permit by: ____ date 6/16/04

Authorization to Construct by: ____ date 8/30/04

Installed by: CRAIG THOMPSON

Operation Permit by: STEVE HEDRICK date 9-15-04

Existing System Inspection by: ____ date ____

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