IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080884 PIN# 4841 06 7677 DATE 5-11-99

OWNER OR CONTRACTOR BRILLA WEISNER PHONE: Business Home 539-5247

ADDRESS P.O. BOX 24, OLIN, NC 28660

LOCATION US 21 N, TL JENNINGS ROAD, TL WEISNER ROAD, ~1.0 MILE ON LEFT AT Box # 379

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.96 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 applied

Septic Tank: 1000 Gallons; STB 620 Date 4-5-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350
No Lines FOUR 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
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

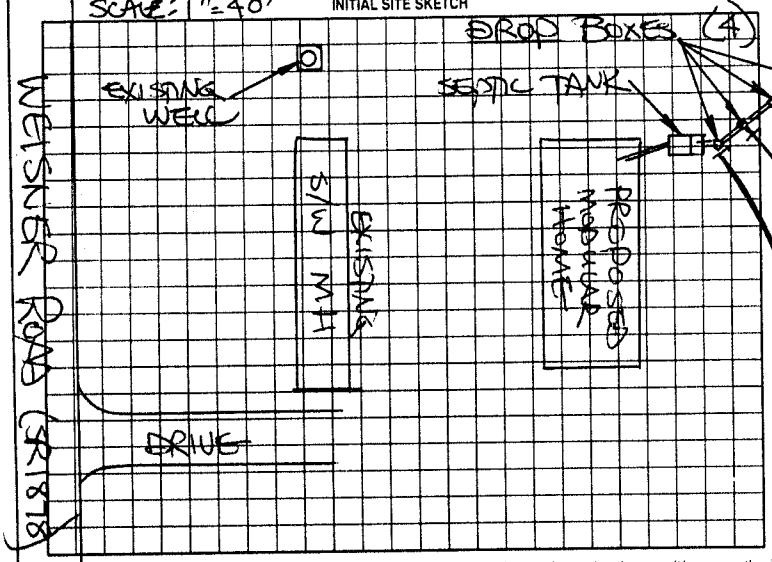
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② EXISTING S/W MH TO BE REMOVED UPON OCCUPANCY OF HOUSE.

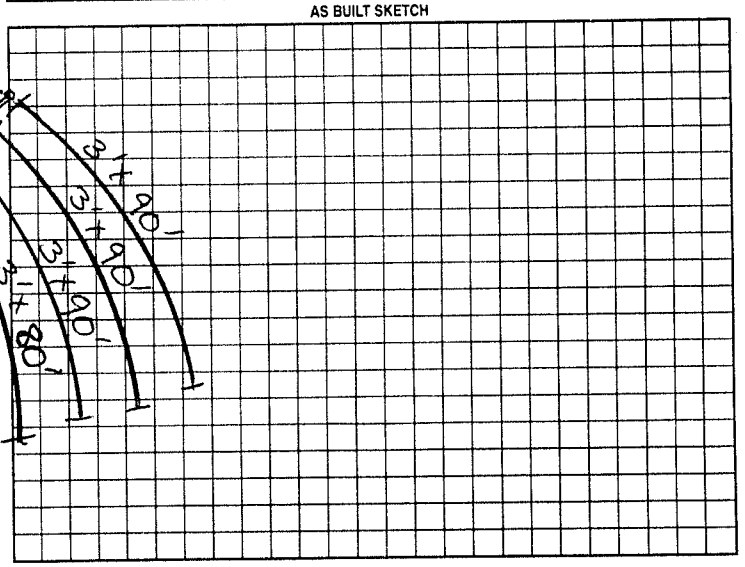
Comments/Conditions: Installed as shown

INITIAL SITE SKETCH

SCALE: 1" = 40'



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: Brilla L. Weisner date 5-11-99

Improvement Permit by: STEVE HEDRICK date 5-11-99

Authorization to Construct by: STEVE HEDRICK date 5-11-99

Installed by: Kal Septic

Operation Permit by: [illegible] date 5-26-99

Existing System Inspection by: date

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