11:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212974

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

PIN # 4841485573

APPLICANT: Brad Cobb APPLICANT ADDRESS: 1057 Westminster Dr Statesville NC 28677

SITE ADDRESS: 123 Trumpet Branch Rd Olin NC 28660 PHONE: 828-302-3315 ALT. PHONE: N/A

SITE DIRECTIONS: Intersection Trumpet Branch Rd + Jennings Rd

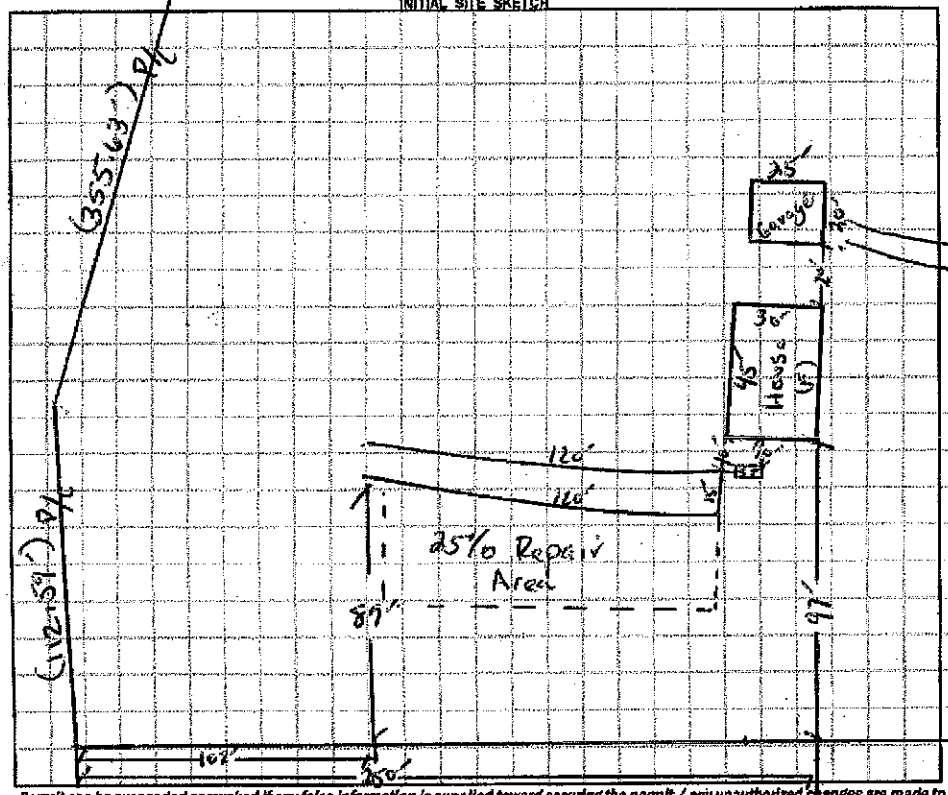
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.56 ac DESIGN FLOW: 240 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction				[ ] Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description: 25% Reduction				[ ] Other	No. Employees
# Nitrification Fields	1 # Lines	2	Linear Ft: 240	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36" Max. Trench Bottom Depth	26"	Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing	[ ] Basement w/o plumbing

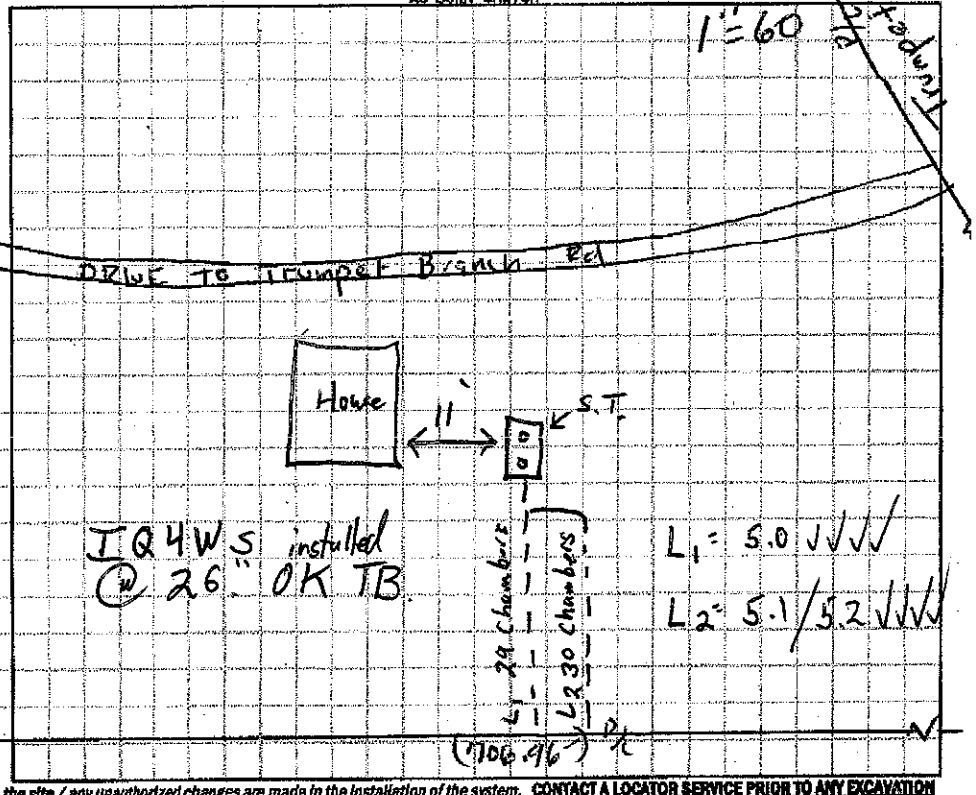
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% on Contour with Serial distribution.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3-11-16 Installed by: Shannon Henderson (Groundbreakers eng)

IMPROVEMENT PERMIT by: [signature] Date: 02/01/16 OPERATION PERMIT by: Tom Shuck Date: 2-3-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 03/10/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK