IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# DATE 11/16/00

OWNER OR CONTRACTOR Calvin Sell PHONE: Business Home 876-1732

ADDRESS Jennings Rd Olin NC 28660

LOCATION 21 N, L Jennings on L at Wiesner Rd.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 65.84 AC SITE CLASS AS DESIGN FLOW 150 L.T.A.R. 0.35

Septic Tank: ~~Existing~~ Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet 100'

No Lines Addition Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Add Conventional Line

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ~~Slab~~ ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

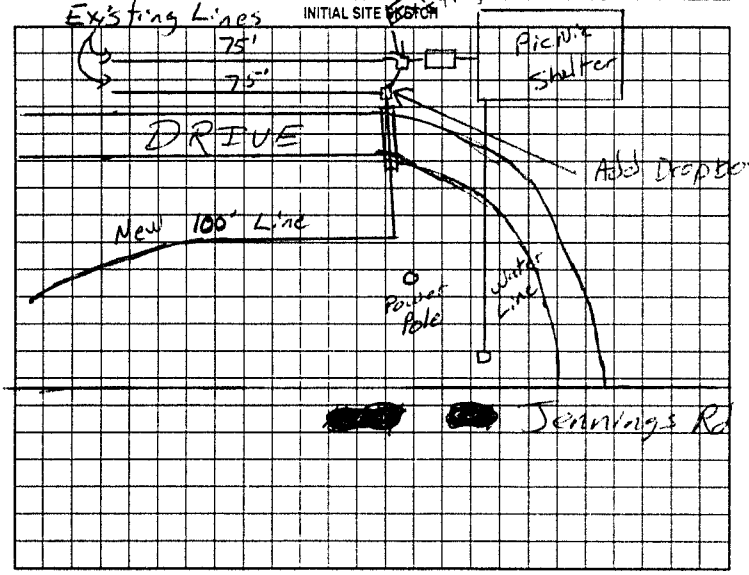
☑ Other Picnic Shelter

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Supply Line under driveway needs to be sleeved in ductile iron or equivalent.

Comments/Conditions: ORIGINAL DRAWLINES SUBJECT TO VEHICULAR TRAFFIC

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL 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: Calvin Sell date 11-27-00 Installed by: KENNY MADISON

Improvement Permit by: [signature] RS date 11/16/00 Operation Permit by: STEVE HENDRICK date 3-23-01

Authorization to Construct by: [signature] RS date 11/16/00 Existing System Inspection by: date

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