52179

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19145 DATE 7/7/94 TAX MAP NO. 16D - A - 38 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR CALVIN R. SELL PHONE: Business Home 876-1732

ADDRESS RT. 1, BOX 275 OLIN, NC 28660

LOCATION US 21 N, TL JENNINGS RD, ON (L) AT N/W INTERSECTION WEISNER RD.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 65.84 AC SITE CLASS. PS DESIGN FLOW 150 L.T.A.R. 0.35 GPD/FT2

Septic Tank: 1000 Gallons; STB 794 Date 6/10/94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Lines 1 Square Feet 450 Linear Feet 150

No Lines 2 Trench Width 36" Max. Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms N/A

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☑ Other PICNIC SHELTER

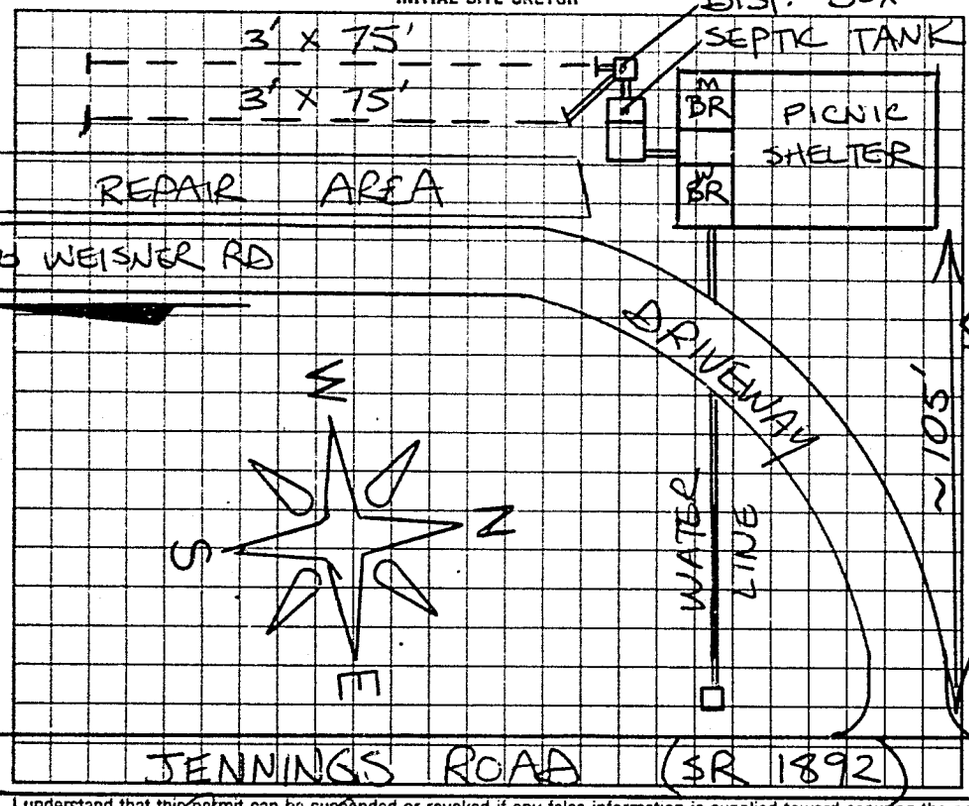
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

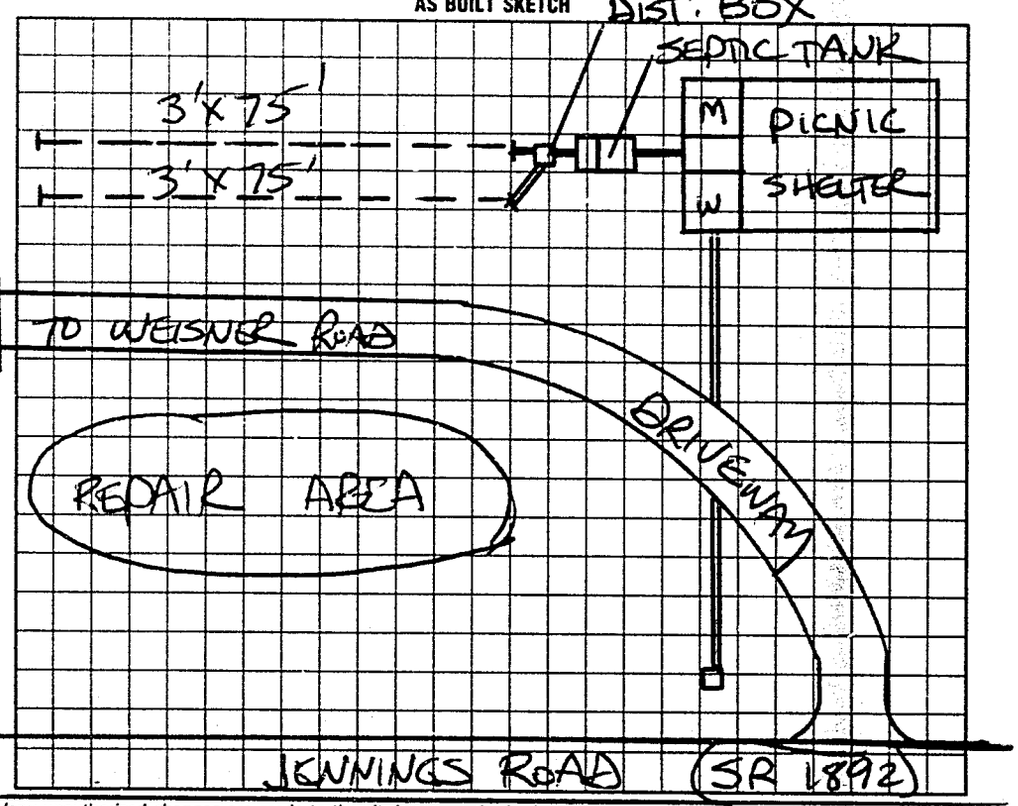
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: X Calvin R Sell

Improvement Permit by: STEVE HEDRICK date 7/7/94

Existing System Inspection by: date

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 8/8/94

Operation Permit by: date

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

291200