IREDELL COUNTY HEALTH DEPARTMENT

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

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

(CV)

PERMIT# 105928 PIN# 4841-56-4668 DATE 5-14-02

OWNER OR CONTRACTOR GARY MARSHALL PHONE: Business _____ Home 704-876-2269

ADDRESS 124 MT. VERNON CH. ROAD, OLIN, NC 28660

LOCATION US 21 N, TL JENNINGS ROAD, DRIVEWAY ON LEFT ACROSS FROM HULE ROAD, 1300 FEET BACK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 14.48 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-21-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines SIX 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: LOW-PRESSURE PIPE
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

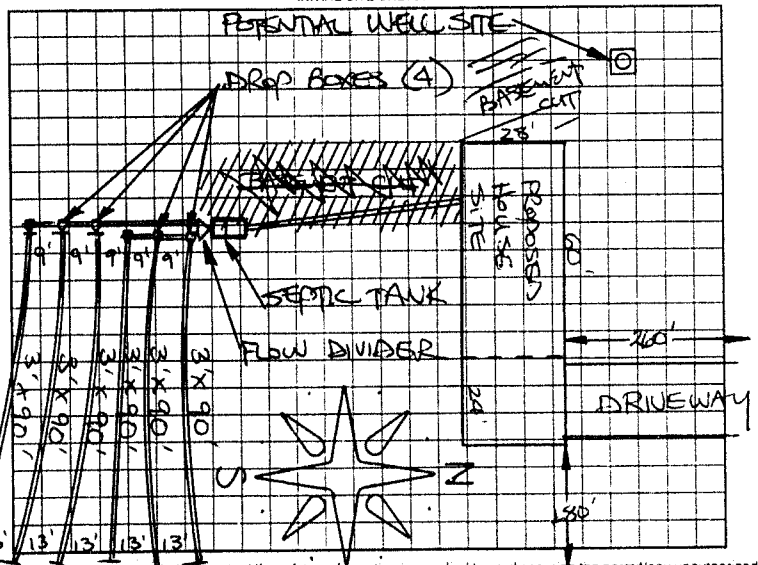
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

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

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED 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: Gary Marshall date 5-14-02 Installed by A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 5-14-02 Operation Permit by STEVE HEDRICK date 8-19-02

Authorization to Construct by: STEVE HEDRICK date 5-14-02 Existing System Inspection by: _____ date _____

REPAIR AREA

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