IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 106318 PIN # 4841 63 3822 DATE June 2, 2011

OWNER Cornelia Walker APPLICANT: Elizabeth Walker PHONE: Home/Cell# _____ Business # _____

SITE ADDRESS 2494 Jennings Rd. Olin, NC OWNER / APPLICANT ADDRESS _____

SITE DIRECTIONS Jennings Rd. N on right 2nd driveway past North Middle School

SUBDIVISION _____ BLOCK / SECTION _____ LOT # 1 LOT AREA 85.3± DESIGN FLOW _____ L.T.A.R. _____

Septic Tank Existing 1000 Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: - No. Lines 2 Linear Feet Ex. 250'

Trench Width Existing Max. Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: Existing

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

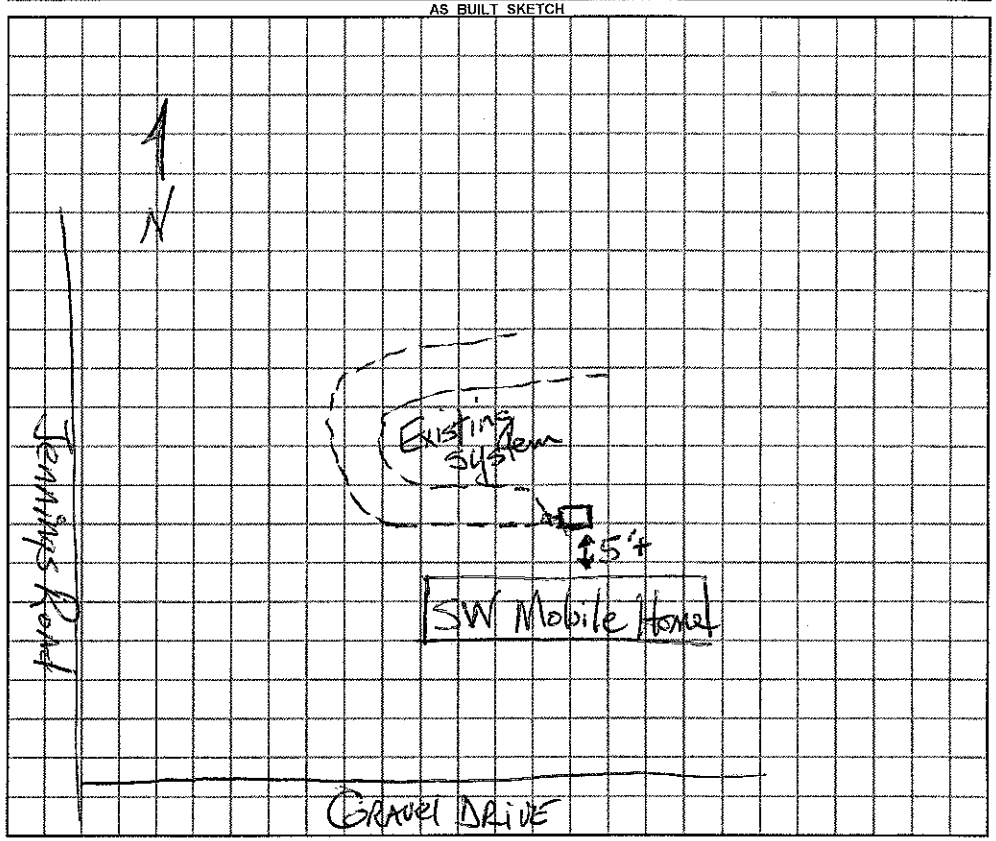
☒ Public

☐ Community

Comments / Conditions Replacing 2 bedroom single wide with another 2 bedroom home. Septic system is not showing any sign of malfunction

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.

☐ ***IMPROVEMENT PERMIT*** with plat valid without expiration. ☐ ***IMPROVEMENT PERMIT*** with ~~plat valid without expiration~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: _____ Date 6/2/11 Installed by: _____

IMPROVEMENT PERMIT by: _____ REHS Date _____ OPERATION PERMIT by: _____ REHS Date _____

AUTHORIZATION TO CONSTRUCT by: _____ REHS Date _____ Existing System Inspected by: _____ REHS Date 6-2-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant