IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226143

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

PIN # 4841-70-0716.2336

APPLICANT/OWNER: DOUG HOLLAND APPLICANT ADDRESS: PO BOX 2 OLIN NC

SITE ADDRESS: 2336 JENNINGS RD. OLIN PHONE: 704-880-1949 ALT. PHONE

SITE DIRECTIONS: TOMLIN MILL EXIT, TL, TR JENNINGS, ON R SAP CONTROLLED: ☐ YES ☐ NO

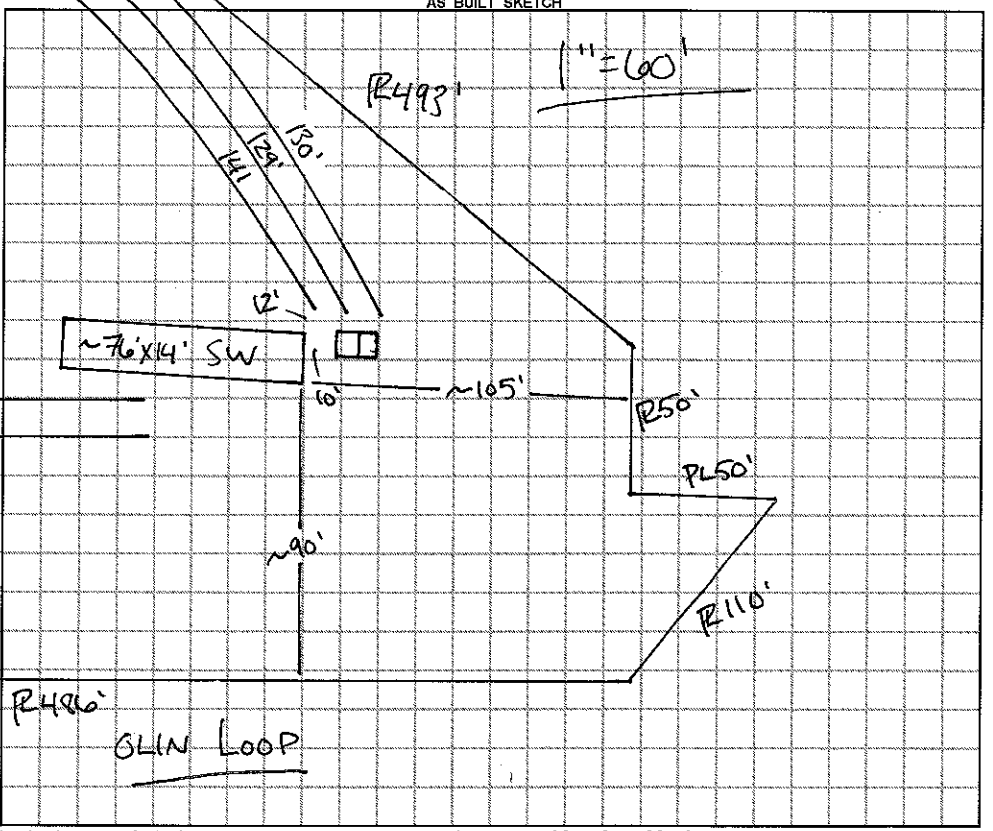
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4.26 AC DESIGN FLOW: 360 L.T.A.R.:

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	GRAVEL	☐ Business	No. Persons	6	☐ Private
Pump Make	Model		Serial#	Repair System Description:		☐ Other	No. Employees		☑ Public
# Nitrification Fields	# Lines		Linear Ft.	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: DO NOT DRIVE OVER SEPTIC AREA

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* ☐ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] 4-28-17 Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 4-27-17