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# ~~4582~~ 4842058231 DATE ~~8-~~ 4-25-07

OWNER OR APPLICANT Kenneth Hansel Jr PHONE: Business _____ Home 704-537-5057

ADDRESS 983 Eupatie Springs RD Olin NC 28660

LOCATION Jennings RD to Eupatie Spring, Comes up Eupatie and Curvy

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.4 SITE CLASS. 75 DESIGN FLOW 360 L.T.A.C.R. Repair

Septic Tank: 1000 Gallons; STB 1000 Date 10-20-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 600 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth 6

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

System Description: 2520 Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

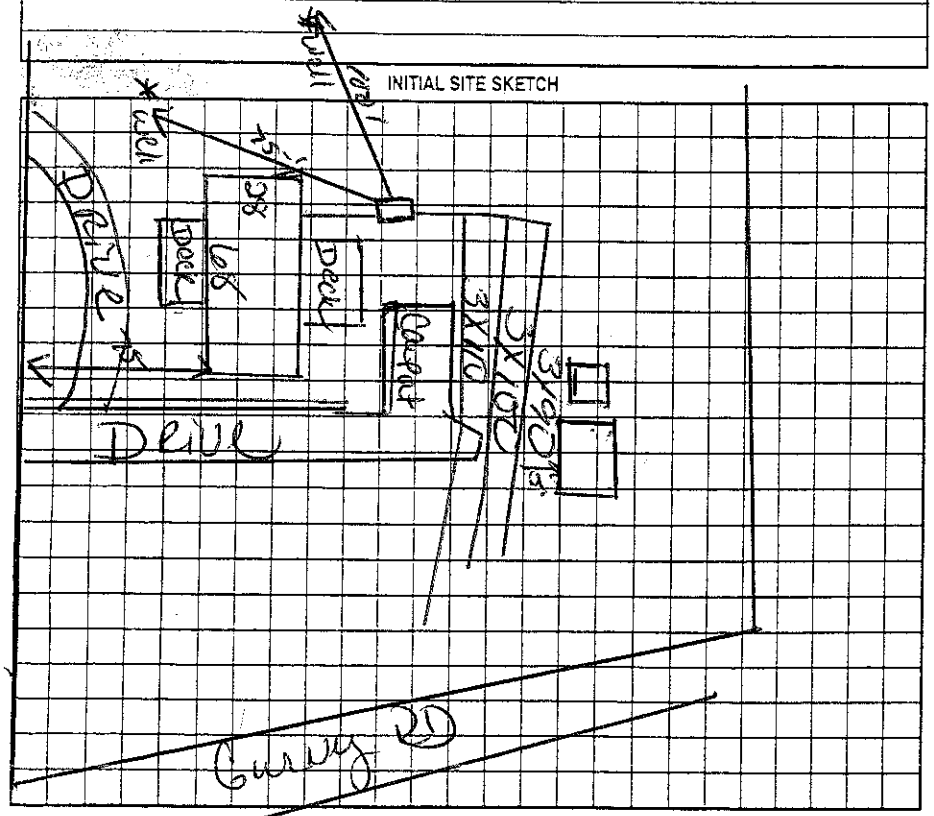
☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

Elevated on Contour
Maintain all setbacks

INITIAL SITE SKETCH



AS BUILT SKETCH

Yellow is the field
Septic tank mark
and cap distribution

983 Eupatie

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: _____ date 4-25-07

Improvement Permit by: _____ date 4-25-07

Authorization to Construct by: _____ date 4-25-07

Installed by: H-1 Backhoe

Operation Permit by: _____ date 7-25-07

Existing System Inspection by: _____ date _____

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