IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (c1)

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

PERMIT# 148645 PIN# 4842-12-0583 DATE 4-9-08

OWNER OR APPLICANT JONATHAN B. WHITE PHONE: Business 704-746-7094 Home 704-876-4191

ADDRESS 238 TRUMPET BRANCH ROAD, OLIN NC 28660

LOCATION JENNINGS ROAD TO TRUMPET BRANCH ROAD, ~ 0.7 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.0 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R EXPANS

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines FOUR Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

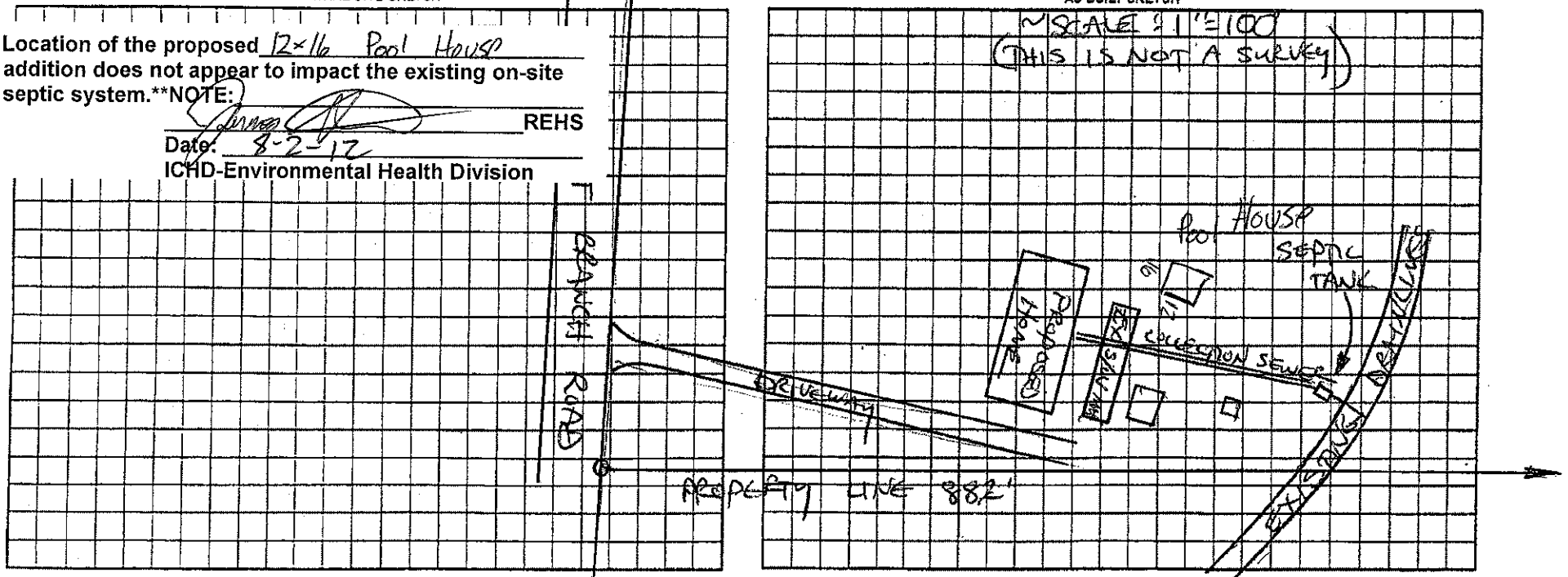
Comments:/Conditions:

Comments:/Conditions: SEE ATTACHED EASEMENT FOR CROSSING PROPERTY LINE @ EXISTING S/W MH TO BE REMOVED UPON OCCUPANCY OF HOUSE

INITIAL SITE SKETCH

AS BUILT SKETCH

SCALE 1" = 100'
(THIS IS NOT A SURVEY)



Location of the proposed 12×16 Pool House addition does not appear to impact the existing on-site septic system.NOTE:**

REHS

Date: 8-2-17

ICHD-Environmental Health Division

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Steve Hedrick date 4-9-08

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