IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 116198 PIN# 4842-44-6429.000 8093 DATE 11-5-03

OWNER OR CONTRACTOR SAMUEL W GRAY PHONE: Business 704-924-4117 Home 704-539-5410

ADDRESS 3036 JENNINGS RD OLIN NC 28660

LOCATION JENNINGS RD NORTH (R) AT BOX # 3036

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.4 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-1-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 9 x 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONV GRAV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees ____

☐ Other _____

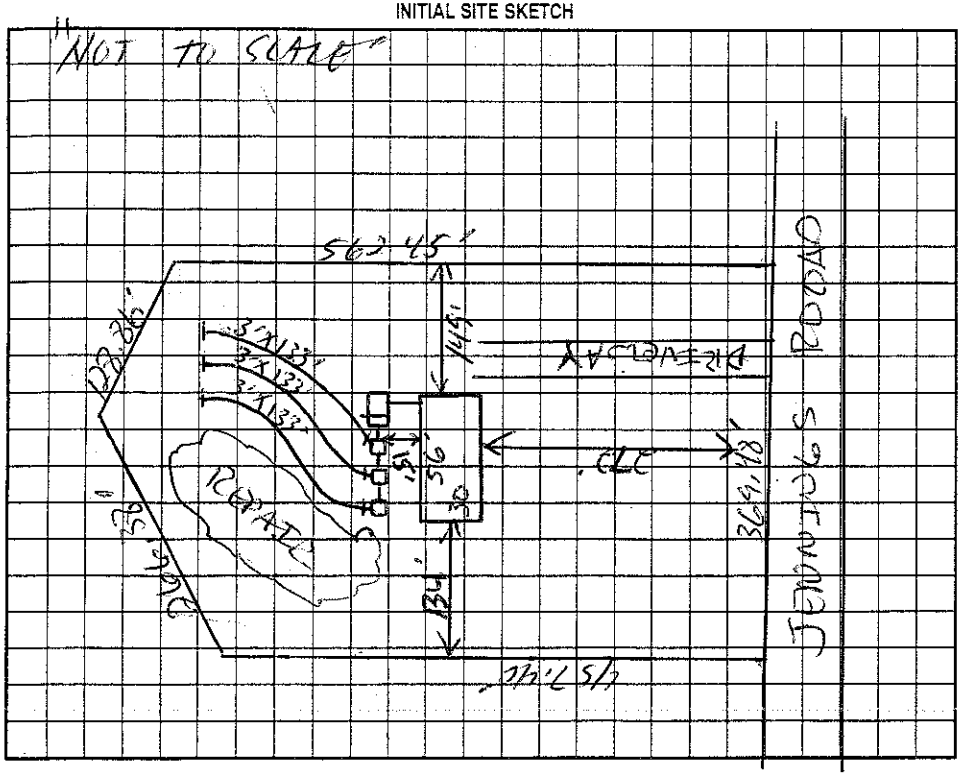
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

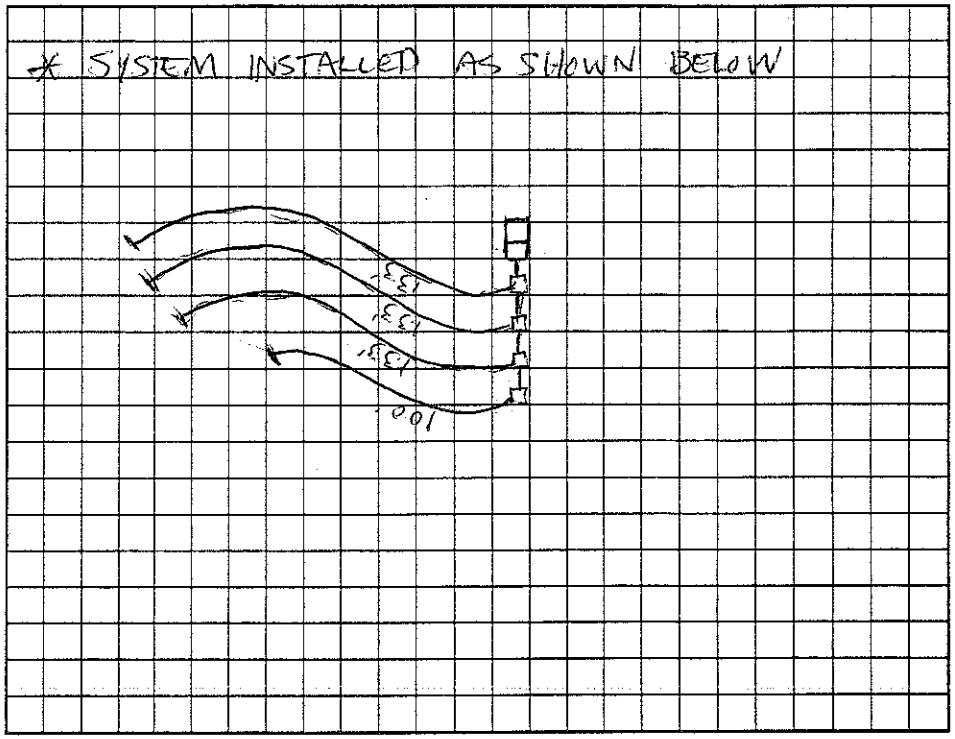
Comments/Conditions: (1) HOUSE + SYSTEM ARE COMPLETELY FLAGGED OUT (2) POWERLINE R/C/W IS GOING TO BE MOVED. ACKNOWLEDGED BY OWNER, (3) INSTALL LINES ON CONTOURS (4) MAINTAIN SETBACKS

Comments/Conditions: TANK W/ 6" RISER, "TUFF-TITE" FILTER, #57 STONE

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 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 11-06/03 Installed by: PIEDMONT BACKHOE

Improvement Permit by: _____ date 11-5-03 Operation Permit by: _____ date 3-15-05

Authorization to Construct by: _____ date 11-5-03 Existing System Inspection by: _____ date _____

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