IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 223043

APPLICANT: Jeff Seipel PIN # 4842966080

SITE ADDRESS: 428 Bassett Rd Olin NC 28660 APPLICANT ADDRESS: 398 Barnard Mill Rd Hamptonville NC 27020

SITE DIRECTIONS: 77N T/L Exit 65 T/L Sloans Mill Rd T/L Bassett Rd Property on left PHONE: 704-200-2870 ALT. PHONE: 704-546-2152

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 21.62ac DESIGN FLOW: 480 L.T.A.R.: 6.25

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	4	Linear Ft:	480'
Trench Width	36"	Max. Trench Bottom Depth	18" Lowside	Gravel Depth	N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: Drip

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees [X] Crawl Space

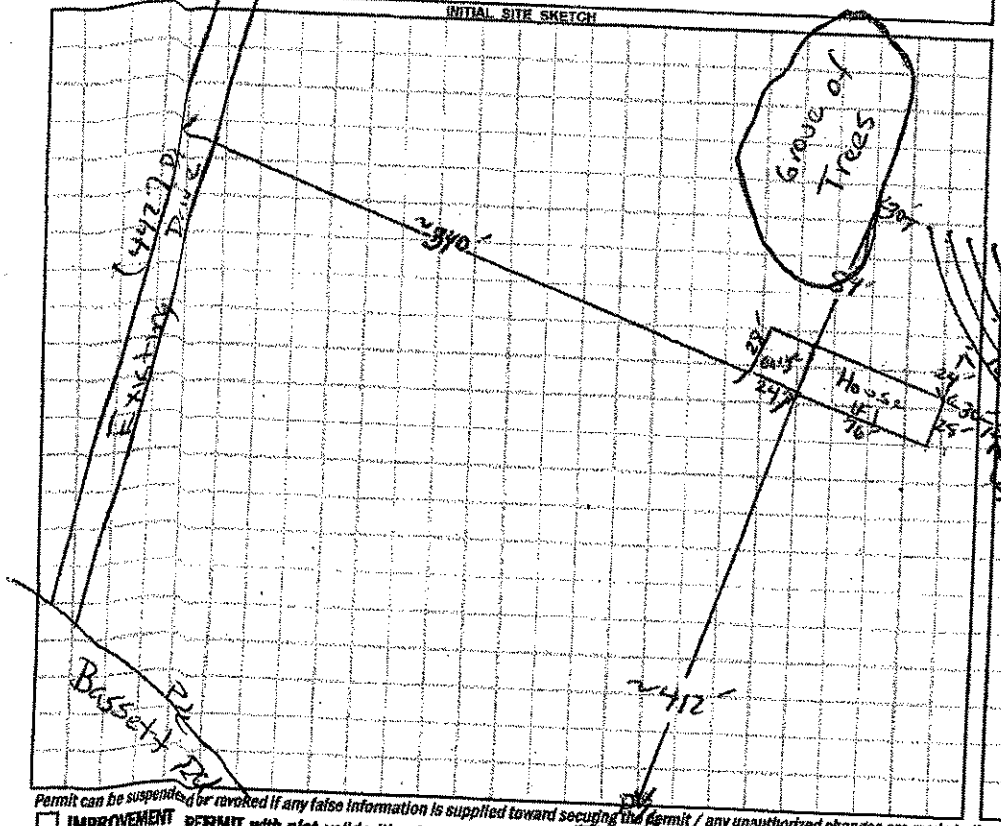
Water Supply: [X] Private [ ] Public [ ] Community

[ ] Basement w/o plumbing

Comments / Conditions:

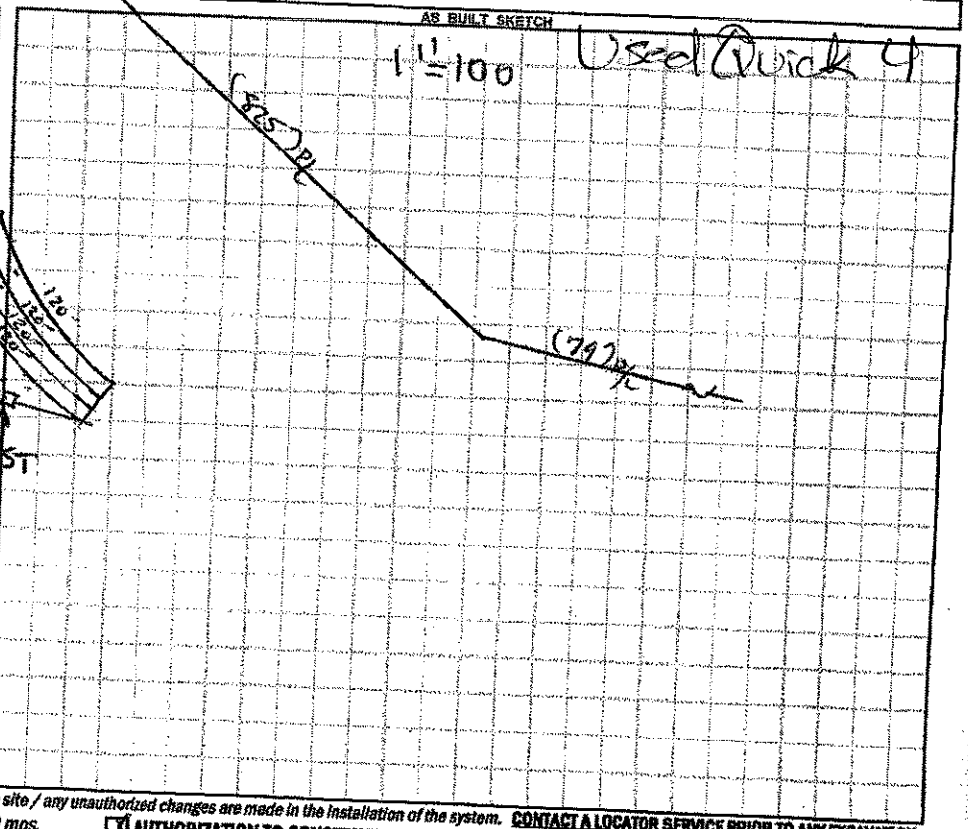
Install 25% reduction on contour with serial distribution * Install at 18" on lowside of ditch

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100' Used Quick 4



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.

[X] IMPROVEMENT PERMIT with site plan valid for 60 mos.

[X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Jeff Seipel Date: 11/22/16 Installed by: Sammy Reavis

IMPROVEMENT PERMIT by: Date: 11/21/16

AUTHORIZATION TO CONSTRUCT by: Date: 11/21/16 OPERATION PERMIT by: Date: 3/30/17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK