# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101134 PIN# 4850 06 4622 DATE 7-9-01

OWNER OR CONTRACTOR EMMETT HEAD PHONE: Business _____ Home (704) 876-2327

ADDRESS 796 OLIN LOOP, OLIN, NC 28660

LOCATION US 21 N, TL JENNINGS ROAD, TR RED HAWK LANE, LOT # 14 ON LEFT AT BOX # 199

SUBDIVISION GLENN ACRES BLOCK / SECTION _____ LOT 14 LOT AREA 1.867 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 3-14-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY/pump
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

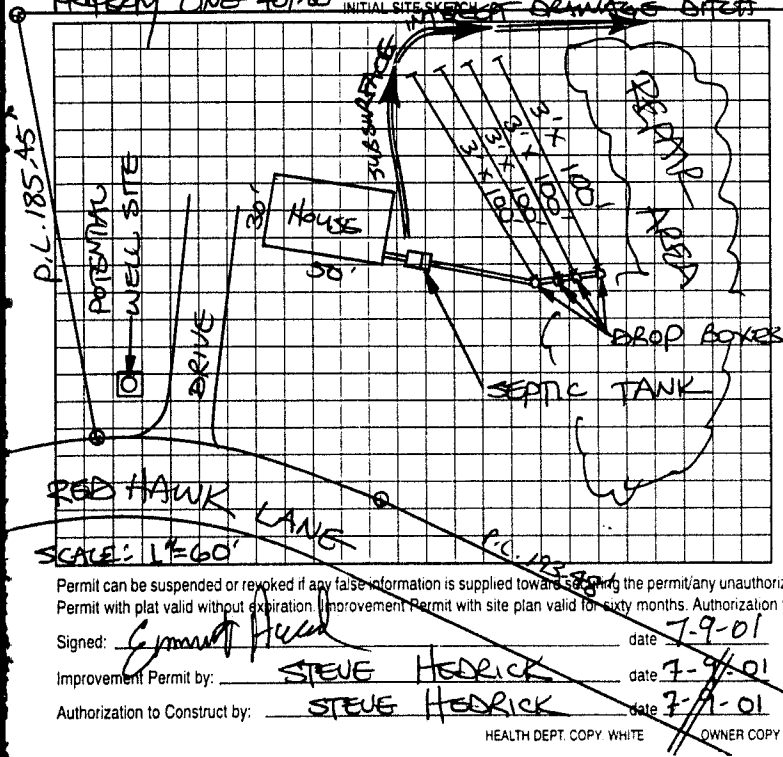
☑ House/Mod. Home No. Bedrooms 3½
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

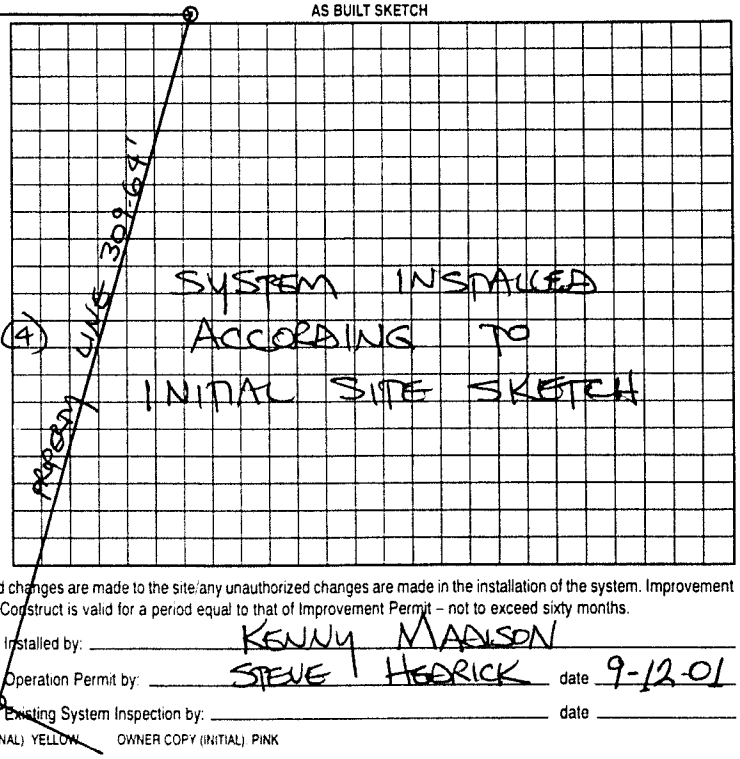
Comments/Conditions: INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH BEGINNING 48" DEEP OUT TO DAYLIGHT PROPERTY LINE 401.80'

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" RISER

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: Emmett Head date 7-9-01 Installed by: KENNY MADSON

Improvement Permit by: STEVE HEDRICK date 7-9-01 Operation Permit by: STEVE HEDRICK date 9-12-01

Authorization to Construct by: STEVE HEDRICK date 7-9-01 Existing System Inspection by: _____ date _____

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