IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081976 PIN# 4850326040 DATE 6-17-99

OWNER OR CONTRACTOR Lora Bassey PHONE: Business _____ Home _____

ADDRESS 386 Olin Rd Olin NC

LOCATION 77N TR Tomlin Mill TL Sossey TR2 Olin 1st Drive on (R) Behind house

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.06 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Existg 0.37

Septic Tank: 1000 Existg Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 252 Linear Feet 84 Ft

No Lines 1 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

X New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity Conventional

Repair System Description: "

Maintenance Agreement Required: ☐ Yes X No

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

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

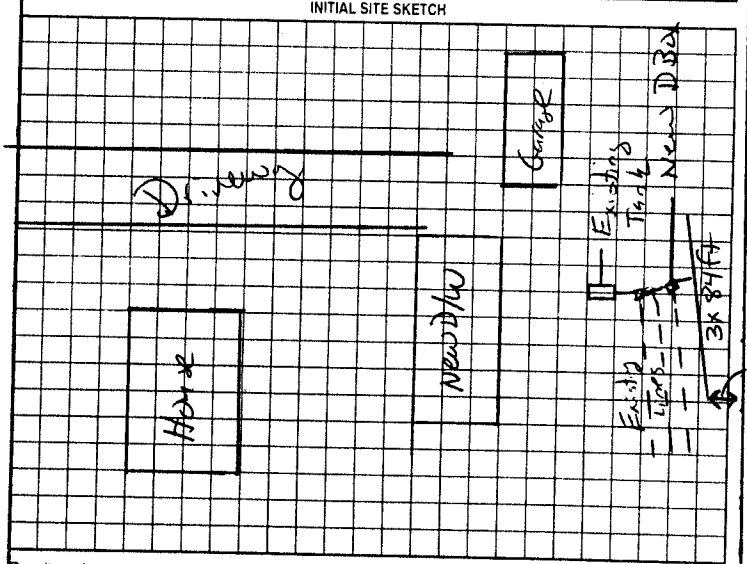
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

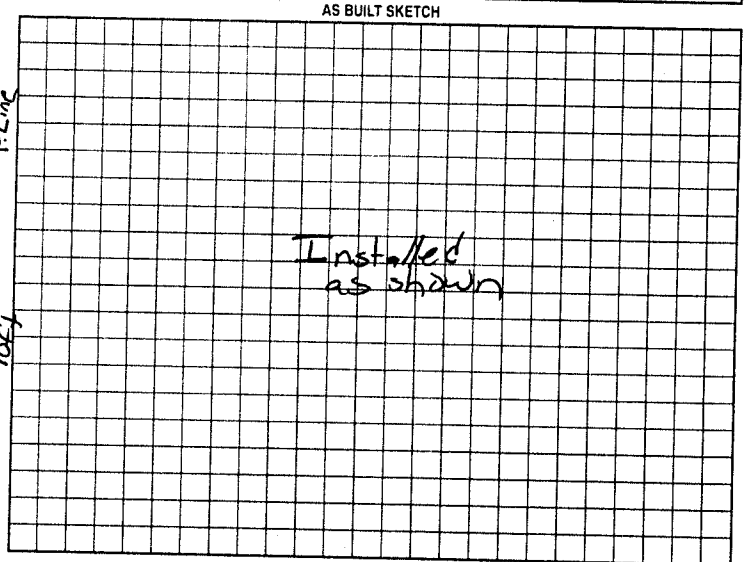
Comments/Conditions: Adding [redacted] Red Rm Original system sized for 2 Bd Rms Add 1 line @ 84Ft to Existing system.

Comments/Conditions:

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 Lora W. Bassey date 7-9-99

Improvement Permit by: Mat C Off RS date 6-17-99

Authorization to Construct by: Mat C Off RS date 6-17-99

Installed by: A-1 Backhoe

Operation Permit by: Mat C Off RS date 7-29-99

Existing System Inspection by: _____ date _____

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