47596

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16502 DATE 6/15/93 TAX MAP NO. PART of 13B-A-9

OWNER OR CONTRACTOR LEONARD J. HAYES PHONE: Business 872-4241 Home 876-1727

ADDRESS RT. 1 BOX 9 OLIN NC 28660

LOCATION US 21 N, TL JENNINGS RD, TR OLIN RD (NORTH) (H) ON (L) PAST I-77 ~ 500'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public WELL NEXT DOOR.

Septic Tank: 1000 Gallons; STB 1012 Date 5/9/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

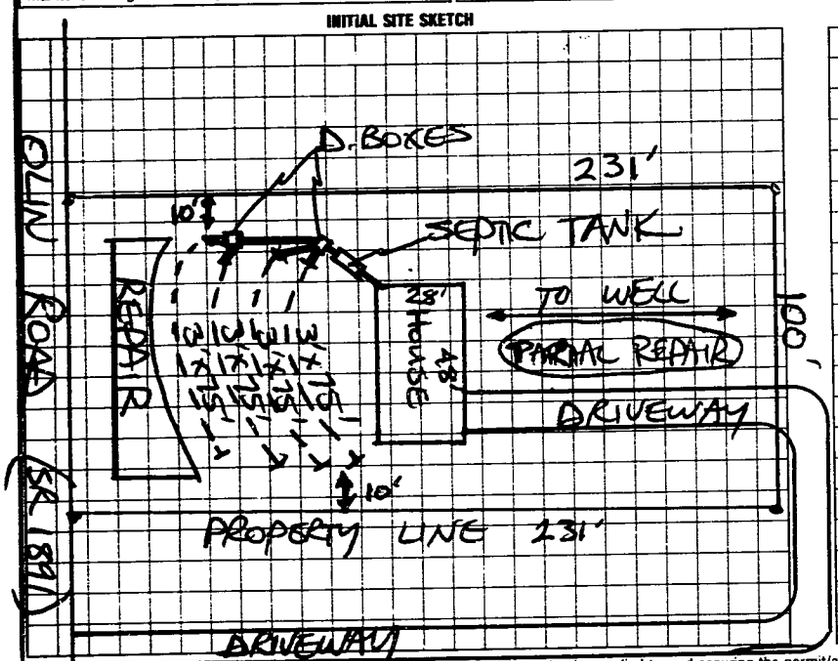
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE (2) INSTALL NITRIFICATION LINES WITH CONTOUR of GROUND, NO DEEPER THAN 30", 9' O.C.

INITIAL SITE SKETCH



AS BUILT SKETCH

(1) SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

(2) SYSTEM PARTIALLY OPEN DURING PERIOD OF RAIN WHICH MAY AFFECT SYSTEM LIFESPAN

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Leonard J. Hayes

Improvement Permit by: STEVE HEDRICK date 6/15/93

Existing System Inspection by: _____ date _____

Installed by: JOHN MONSCER

Certificate of Completion by: STEVE HEDRICK date 7/13/93

Operation Permit by: _____ date _____

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

J