IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4851-25-7004 DATE 2-24-04

OWNER OR CONTRACTOR JEFFREY K. SLOAN PHONE: Business (704) 872-6411 x 14 Home (704) 539-5305

ADDRESS 410 SLOANS MILL RD. OLIN NC 28660

LOCATION 21 N (L) JENNINGS (R) 2ND OLIN LP (L) SLOANS MILL ~1 MI. ON (R) @ BOX #410

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.0 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: CON GRAVITY

Repair System Description: CON GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

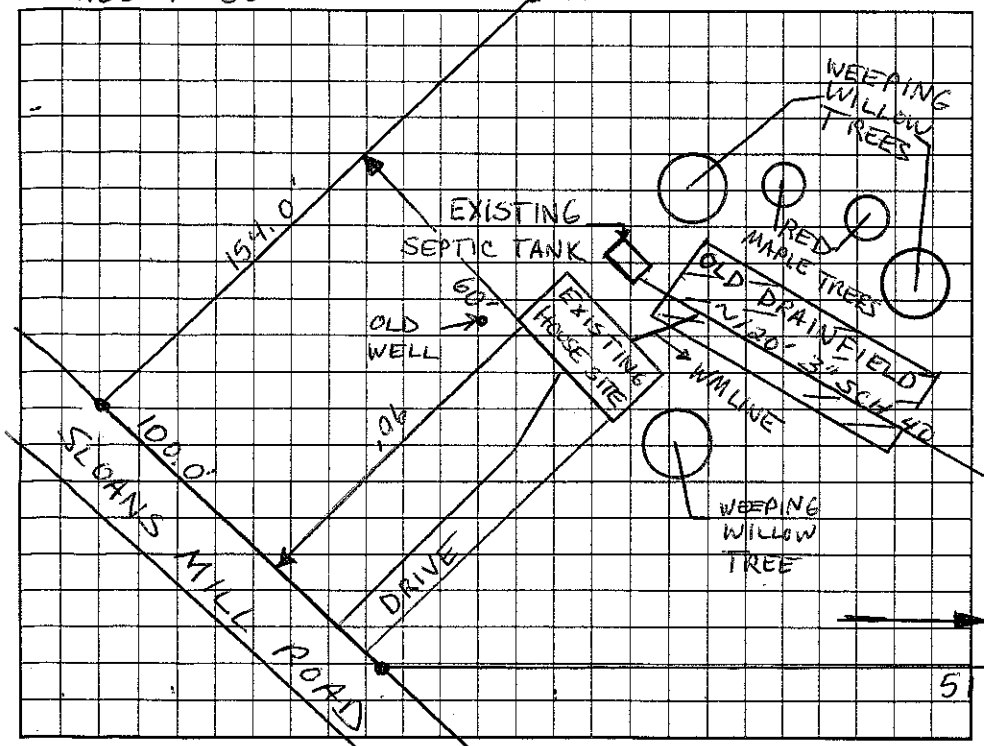
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions (1) MAINTAIN SETBACKS (2) INSTALL LINES ON CONTOUR (3) INSTALL FRENCH DRAIN @ 48" (4) RECOMMEND REMOVING TREES SHOWN ON SKETCH IF PROBLEMS CONTINUE IN FUTURE. (5) DISCONNECT OLD LINES. (6) THIS PERMIT SERVES AS 30 DAY NOV.

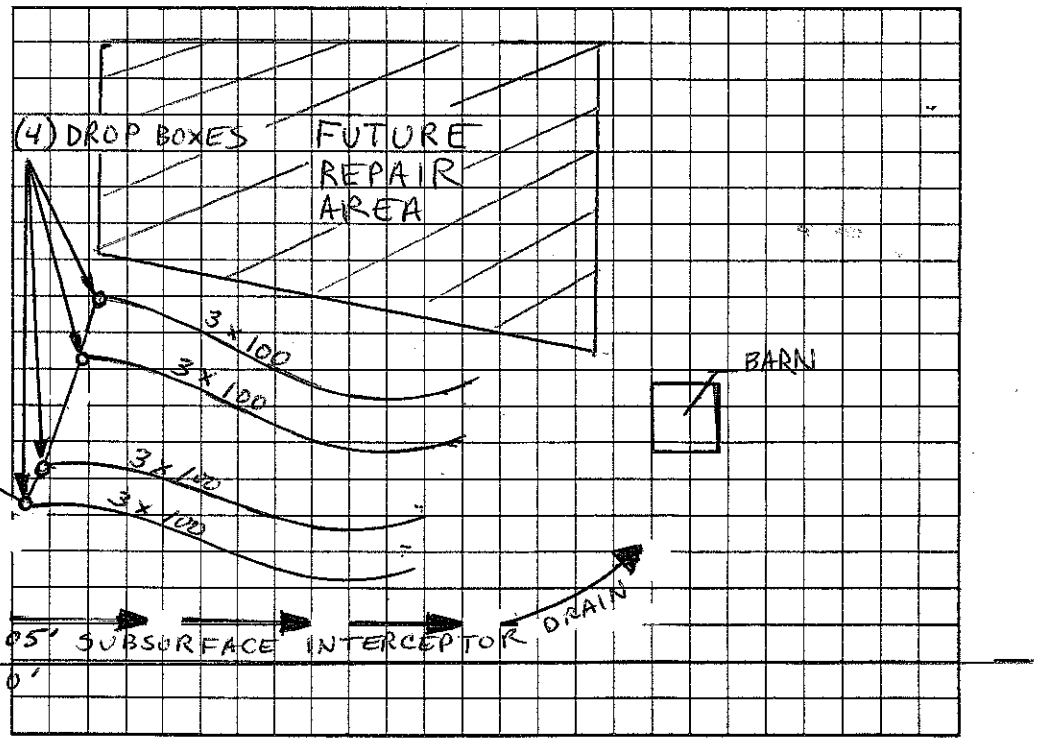
Comments:/Conditions: (1) INSTALLED AS SHOWN (2) W.M. LINE TEE'd INTO SUPPLY LINE (3) FRENCH DRAIN INSTALLED ACCORDING TO SKETCH.

SCALE 1"=50'

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: Jeffrey K Sloan date 3-2-04

Improvement Permit by: Christopher M. Sherrill RS date 3-2-04

Authorization to Construct by: Christopher M. Sherrill, RS date 3-2-04

Installed by: Kenny Madison

Operation Permit by: Christopher M. Sherrill, RS date 3-10-04

Existing System Inspection by: _____ date _____

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