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 38 4873

OWNER OR CONTRACTOR JOHN R. HULE PHONE: Business _____ Home (704) 539-5142 DATE 4-2-01

ADDRESS 594 SLOAN'S MILL ROAD, OLIN, NC 28660

LOCATION US 21 N, TL JENNINGS RD, TR OLIN ROAD (NORTH), HOUSE ON RIGHT AT BOX # 594 RIGHT ON SLOANS MILL

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED 2.45 ACRES 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 240 Linear Feet 80

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24"

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

System Description: CONVENTIONAL 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 _____

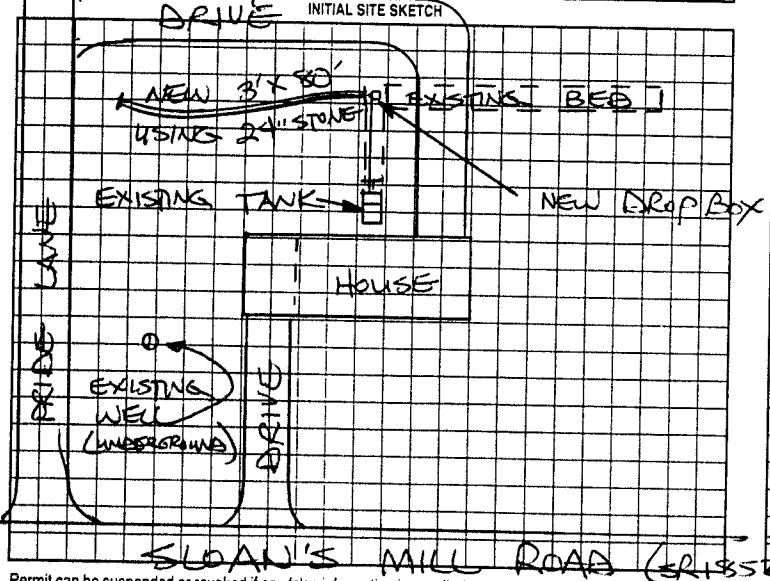
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

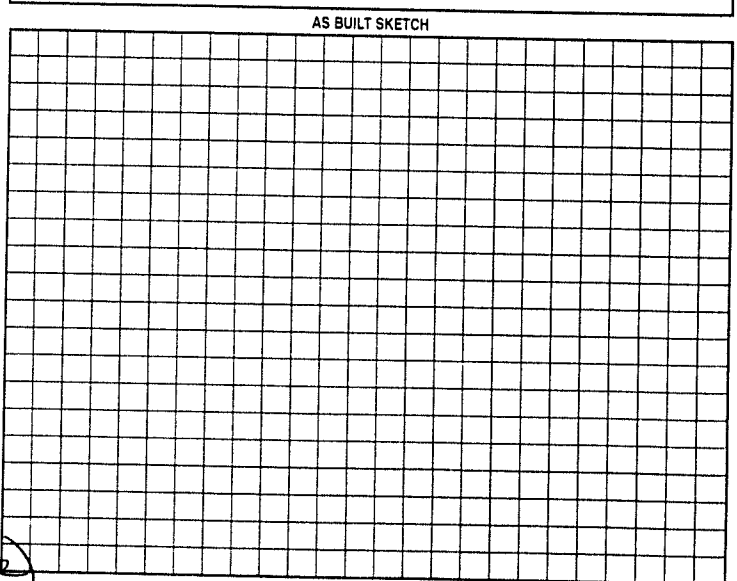
Comments/Conditions: ① INSTALL NEW LINE AS FLAGGED USING 24" STONE ② THIS PERMIT SERVES AS NOTICE OF VIOLATION, SYSTEM TO BE REPAIRED BY 5-2-2001

Comments/Conditions: SYSTEM INSTALLED AS SHOWN

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: John R. Hule date 4-2-01 Installed by: TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 4-2-01 Operation Permit by: _____ date _____

Authorization to Construct by: STEVE HEDRICK date 4-2-01 Existing System Inspection by: _____ date _____

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