6/055

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. 23656 DATE 5-15-96 TAX MAP NO. 16B-A-1 (PART OF) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JOHN M. HUIE PHONE: Business (910) 651-4515 Home 539-4128

ADDRESS 570 SLOANS MILL ROAD OLIN, 28660

LOCATION I-77 N, TL N. 901, TL SLOANS MILL ROAD TL PRIDE LANE, N 600' ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~218'x340' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.4 GAA/FT²

Septic Tank: 1000 Gallons; STB _____ Date 11-11-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other FUTURE 3BR

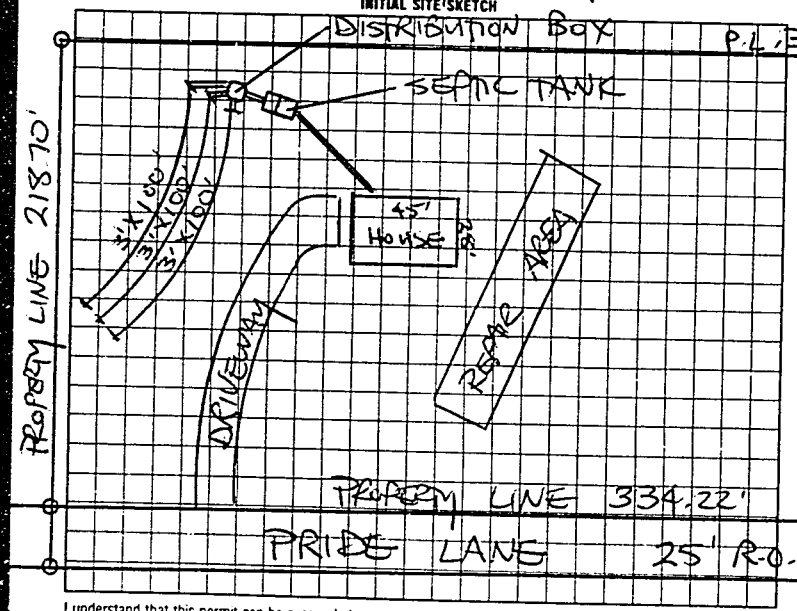
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

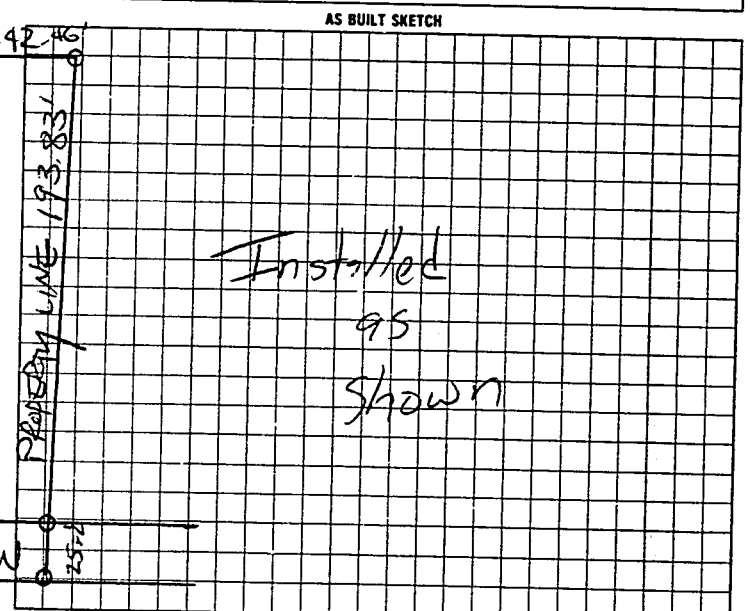
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE 100' FROM ANY WELL. (2) INSTALL LINES AS SHOWN ON CONTOUR NO DEEPER THAN 24" 9' APART ON CENTERS

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH



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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXP. DATE.

Signed: John M. Huie

Improvement Permit by: STEVE HENRICK date 5-15-96

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by: STEVE HENRICK date 5-15-96

Installed by: Kenny Madison

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: Mark Outlaw date 3-12-97

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