This permit replaces one issued 8-24-05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130665 PIN# 4852-21-9355 657-2727 DATE 15 September 06

OWNER OR APPLICANT [redacted] Joe Mann PHONE: Business 704-[redacted] Home

ADDRESS 521 Sloans Mill Rd. Olin, NC 28660

LOCATION 901 - Town Power Rd. TL Sloan Mill Rd. - ½ mile ± on Rt.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.1 Ac. SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB Shoaf 760 Date 4-7-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

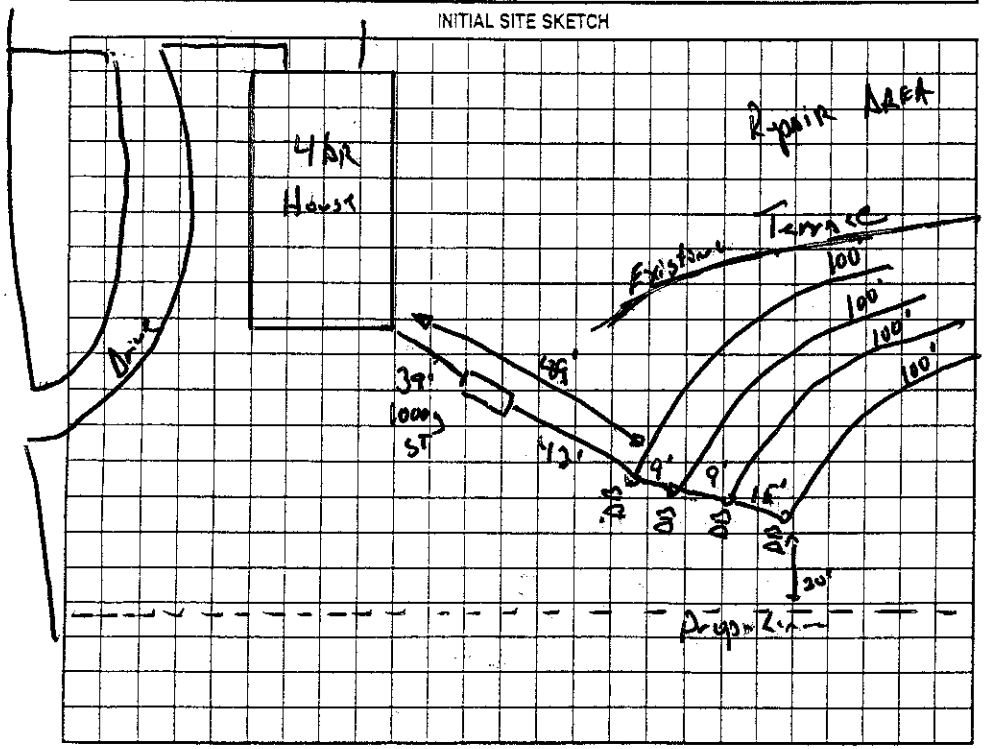
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Follow Contour
use Drop-boxes

Comments:/Conditions: Polylock filter

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn on site plan.

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: Joe Mann date 9-18-06 Installed by: Brent Gallihar

Improvement Permit by: [signature], R.S. date 18 Sept. 06 Operation Permit by: [signature], R.S. date 21 Sept. 06

Authorization to Construct by: [signature], R.S. date 18 Sept. 06 Existing System Inspection by: date

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