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# 4852-24-6171 DATE 10-22-02

OWNER OR CONTRACTOR CHAD JULIAN PHONE: Business _____ Home 704-539-5515

ADDRESS 209 BUZZARD LANE, OLIN, NC

LOCATION I-77 NORTH, TL NC901, TL PIONEER ROAD, TL SLOAN'S MILL ROAD, 1ST DRIVE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~~AMPLE~~ SITE CLASS PS DESIGN FLOW 150 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-8-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 480 Linear Feet 160
No. Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I (II) III IV V VI
System Description: _____
Repair System Description: CONVENTIONAL + GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

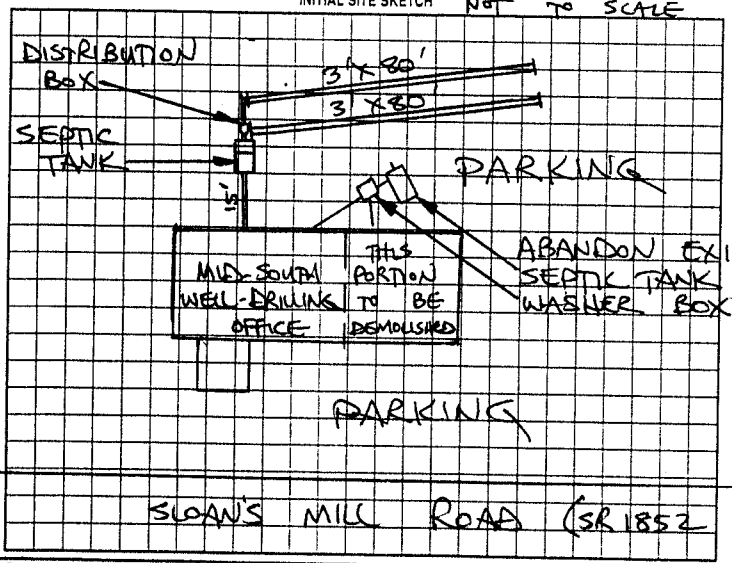
☐ House/Mod. Home No. Bedrooms ___
☐ Mobile Home No. Bathrooms 1
☒ Business No. Employees 6
☐ Other _____

Water Supply: ☒ Individual ☒ Public ☐ Community
WELL

Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH NOT TO SCALE



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: Ian Woof date 10-22-02 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HENDRICK date 10-22-02 Operation Permit by: STEVE HENDRICK date 11-8-02

Authorization to Construct by: STEVE HENDRICK date 10-22-02 Existing System Inspection by: _____ date _____

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