IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (e1) MOORESVILLE 704-664-5281

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

PERMIT# 123670 PIN# 4860-44-3413 13-3807 DATE 8-30-04

OWNER OR CONTRACTOR TOM PERROW PHONE: Business (704) 929-9145 Home (704) 546-2210

ADDRESS 178 HOLSTEIN LN. OLIN 28660

LOCATION 21N TL TABOR TL DUNCAN AT END ON RIGHT (290 DUNCAN RD.)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 133.389 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 9-4-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

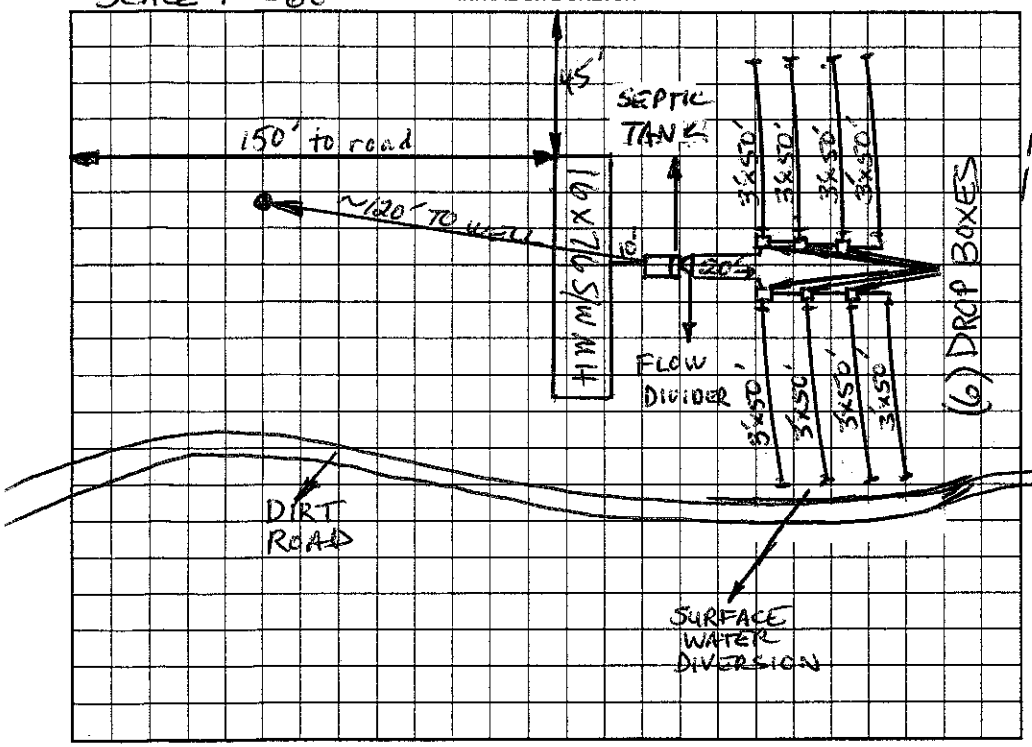
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ① INSTALL LINES ON CONTOUR
② LANDSCAPE TO DIVERT SURFACE WATER

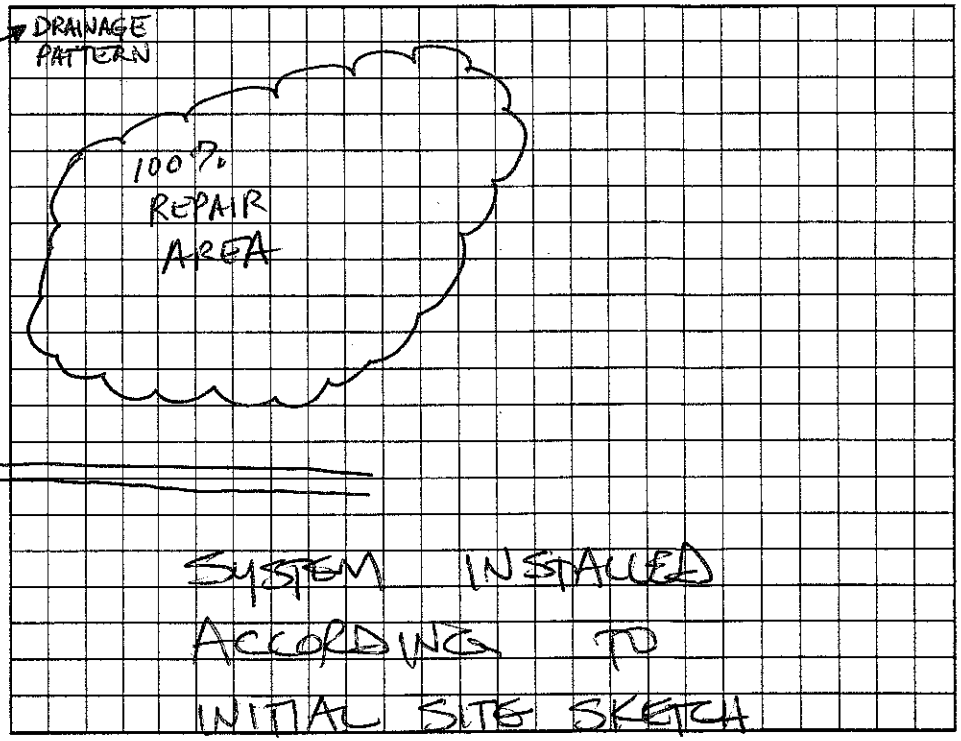
Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

SCALE 1" = 60'

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: Tom Perrow date _____ Installed by: KENNY MADISON

Improvement Permit by: Christopher M Shirley, RS date 8-30-04 Operation Permit by: STEVE HENDRICK date 10-8-04

Authorization to Construct by: Christopher M Shirley, RS date 8-30-04 Existing System Inspection by: _____ date _____

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