IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100610 PIN# 4860 75 3573 DATE 6-7-01

OWNER OR CONTRACTOR ANGELA BUSTLE PHONE: Business _____ Home (704) 876-9052

ADDRESS 107 TOPVIEW ROAD, OLIN, NC 28660

LOCATION US 21 N, TL TABOR RD, TR FORNEY ROAD, LOT ON END AT LEFT

SUBDIVISION FORNEY ACRES BLOCK / SECTION _____ LOT 14 LOT AREA 0.86 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 2-12-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

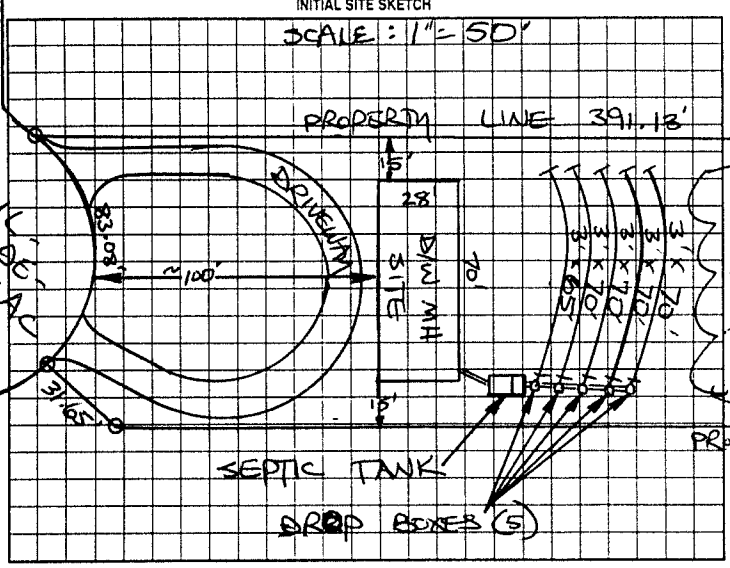
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

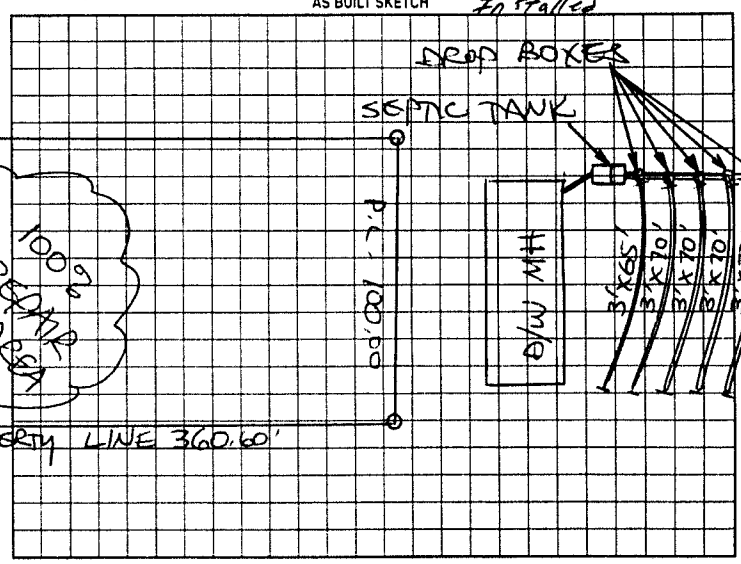
Comments/Conditions:

Comments/Conditions SEPTIC TANK RELOCATED AS SHOWN BELOW WITH PRIOR HEALTH DEPARTMENT APPROVAL
- Poly Lok Filter Installed - Septic Tank Marker Installed

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: _____ date 6-7-01 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 6-7-01 Operation Permit by: William O. Johnson date 6/13/01

Authorization to Construct by: STEVE HEDRICK date 6-7-01 Existing System Inspection by: _____ date _____

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