IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 11-14-00

PERMIT# 092854 PIN# 4861 17 5381

OWNER OR CONTRACTOR LORI STACK PHONE: Business ____ Home 539-4594

ADDRESS 172 WILLIAMSBURG ROAD, OLIN, NC 28660

LOCATION US 21 N, TL TABOR RD, TL WILLIAMSBURG RD, 1ST DRIVE ON RIGHT AT BOX #172

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 22.74 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 (EXISTING)

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120

No Lines 1 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: 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 ____

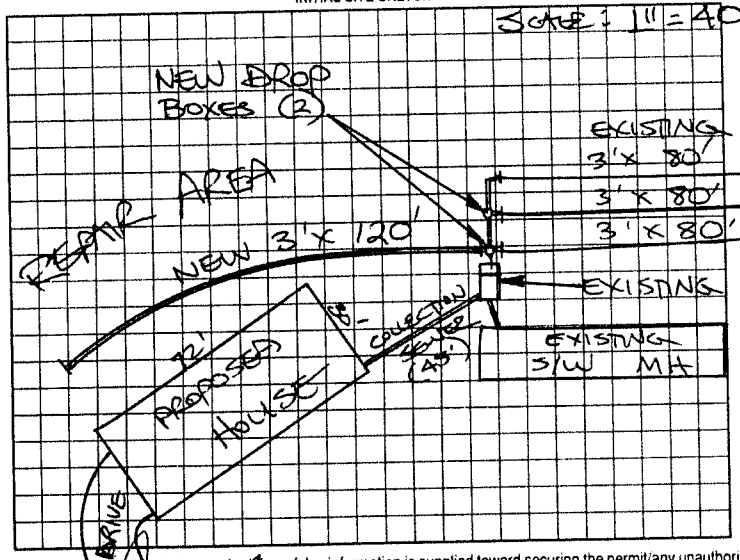
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

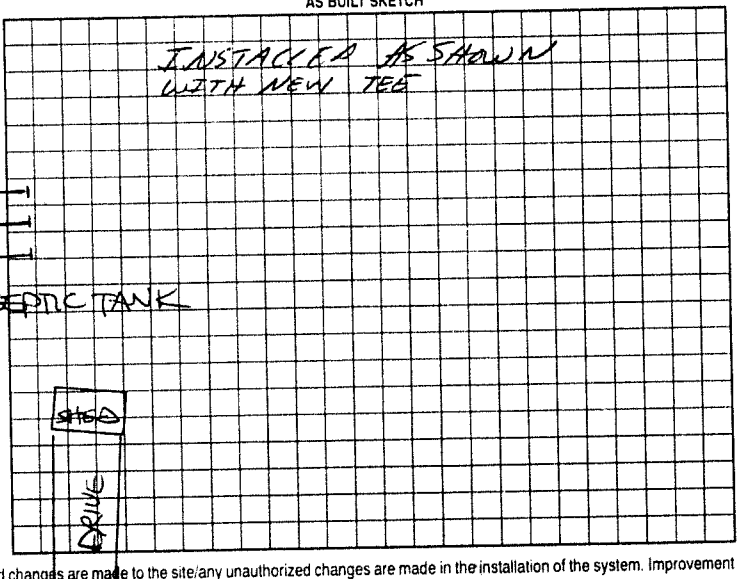
Comments/Conditions: (1) REPLACE EXISTING DISTRIBUTION BOX WITH TWO DROP BOXES AS SHOWN (2) INSTALL NEW 3'x120' DRAINLINE TO ACCOMODATE 3RD BEDROOM (3) EXISTING S/W MH TO BE REMOVED

Comments/Conditions:

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 11-14-00

Improvement Permit by: STEVE HEDRICK date 11-14-00

Authorization to Construct by: STEVE HEDRICK date 11-14-00

Installed by: Steve Jordan

Operation Permit by: ____ date 4-25-01

Existing System Inspection by: ____ date ____

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