IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129301 PIN# 4861224403 2098 DATE 7/29/05

OWNER OR CONTRACTOR JERRY & ANITA MAHAFFEY PHONE: Business 704 978 2620 Home 704 546 2262

ADDRESS 208 SPEAKS RD OLIN, NC 28660

LOCATION 21N ④ TABOR RD ① SPEAKS RD ⑤ LOT

SUBDIVISION NA BLOCK / SECTION ____ LOT ____ LOT AREA 7.44 ACRES SITE CLASS. AS DESIGN FLOW 480 GAD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3/7/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24+ Gravel Depth NA

☒ New System ☐ Repair System Type: I (II) III IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

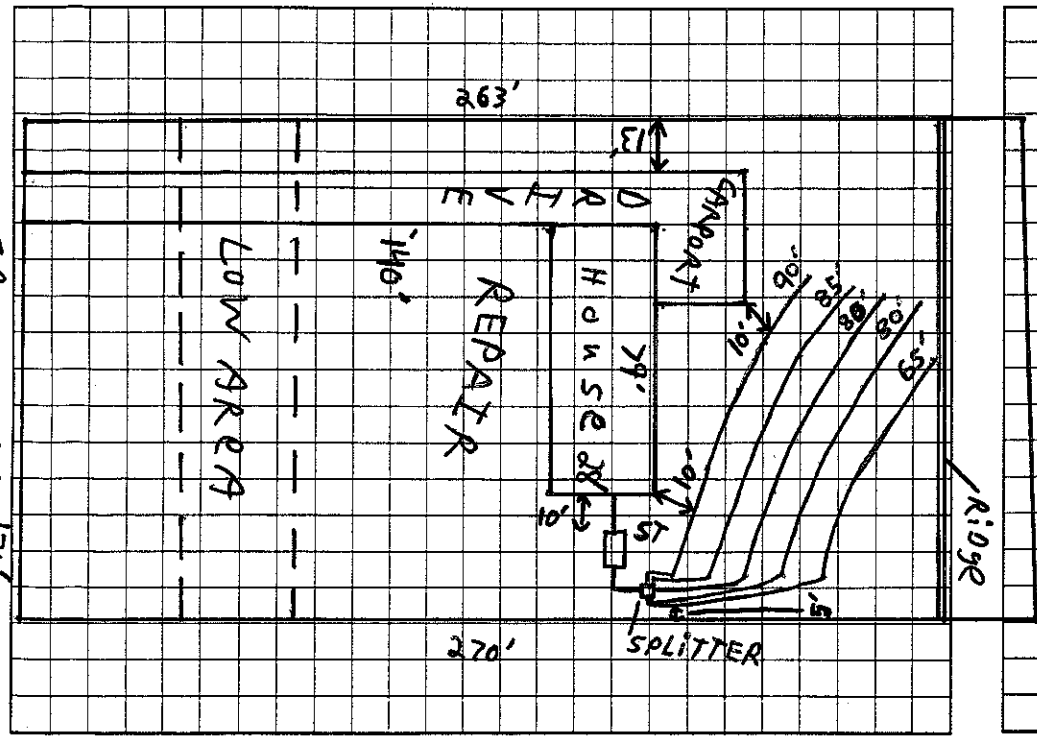
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

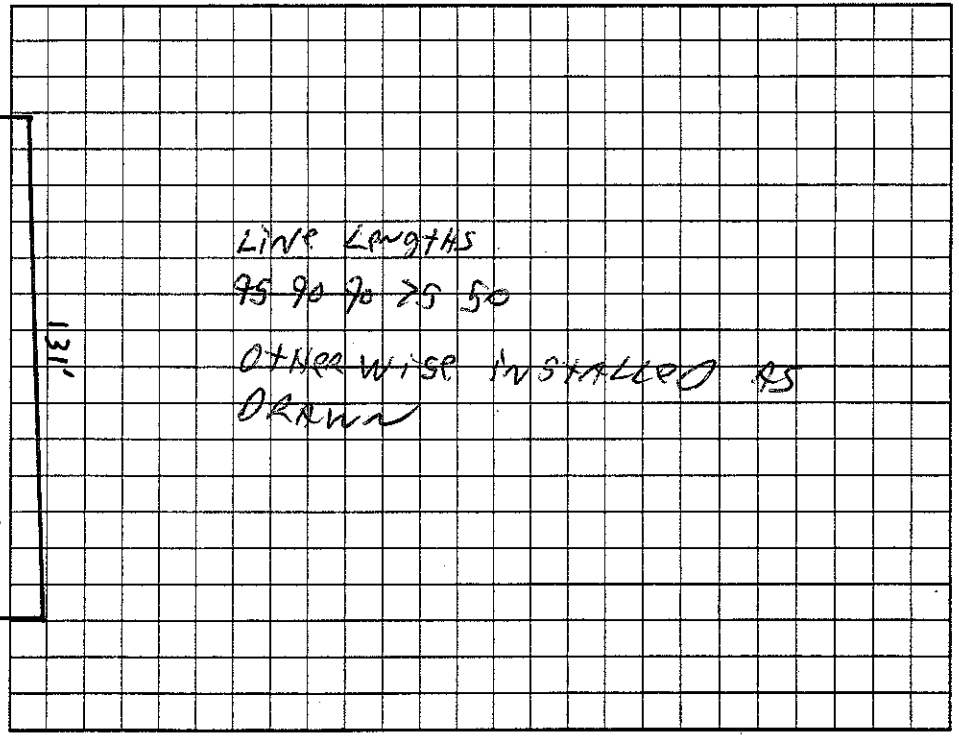
Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. USE EFFLUENT SPLITTER SUCH AS ZOELLER TRU-FLO.
SCALE 1"=50'

Comments/Conditions: ST W/ MARKER AND TUF-TITE FILTER
DROP BOXES USED INSTEAD OF EFFLUENT SPLITTER
INSTALLED WITH 75 QUICK-4 INFILTRATORS

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: Jerry Mahaffey date 8/5/05 Installed by: A1 BACKHOE

Improvement Permit by: [signature] date 7/29/05 Operation Permit by: [signature] date 9/9/05

Authorization to Construct by: [signature] date 7/29/05 Existing System Inspection by: ____ date ____

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