IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO 1690 DATE 8/27/93 TAX MAP NO Pt. of 16A-A-31

OWNER OR CONTRACTOR DEBORAH D. GAITHER / % HENRY DALTON PHONE: Business 546-2859 Home

ADDRESS RT. 1 BOX 119 OLIN, NC 28660

LOCATION US 21 N, TL TABOR RD, ~1500' ON © PAST SPEAKS ROAD (SR 1847)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.0 ACRE SITE CLASS PS L.T.A.R EXISTING

Water Supply: ☐ Individual ☐ Community ☒ Public

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Nitrification Field: No Fields 1 Square Feet Linear Feet EXISTING

No Lines 2 Trench Width Trench Depth Gravel Depth

☐ New System ☐ Repair System Type: I (II) III IV V VI

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

House/Mod Home ☒ Mobile Home Business Other

No Bedrooms 3/2 No Bathrooms No Employees

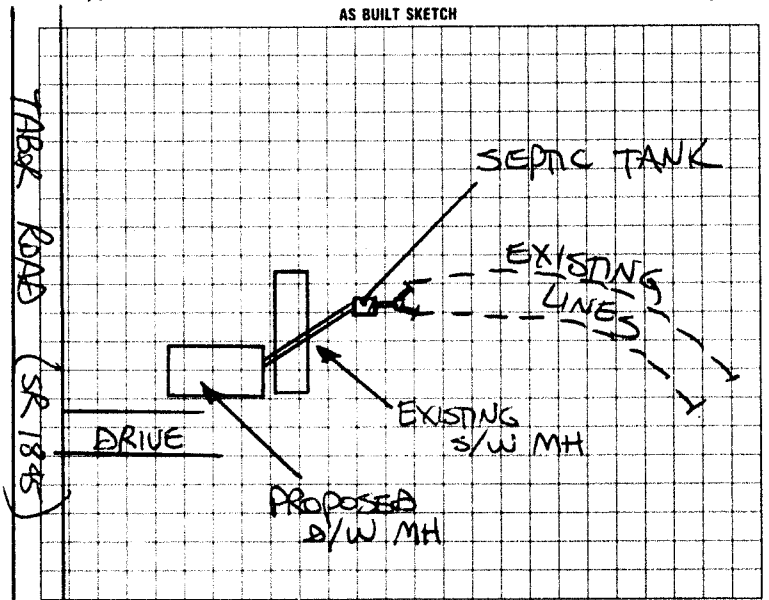
Slab ☒ Crawl Space Basement w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☐ Yes ☒ No Auto Dishwasher: ☒ Yes ☐ No Auto Washing Machine: ☒ Yes ☐ No Other Other

Comments: ① KEEP MH MINIMUM 5' FROM SYSTEM ② EXISTING S/W MH TO BE REMOVED UPON OCCUPANCY OF D/W MH

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: date

Existing System Inspection by: STEVE HEDRICK date 8/27/93

Installed by

Certificate of Completion by date

Operation Permit by date

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