IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# HARMONY 94964 PIN# 4871 71 4205 DATE 2-23-01

OWNER OR CONTRACTOR GAYLE J. SMITH MITCHELL PHONE: Business Home (704) 876-4327

ADDRESS 734 OLIN ROAD, OLIN, NC 28660

LOCATION US 21 N, TR HAYES STREET, LOT AT END ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.571 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 3/2 Date 12-30-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines FOUR 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

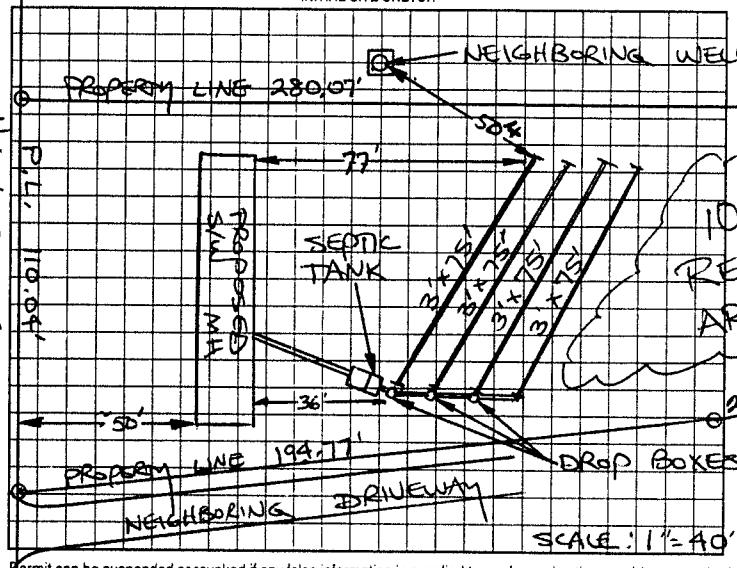
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

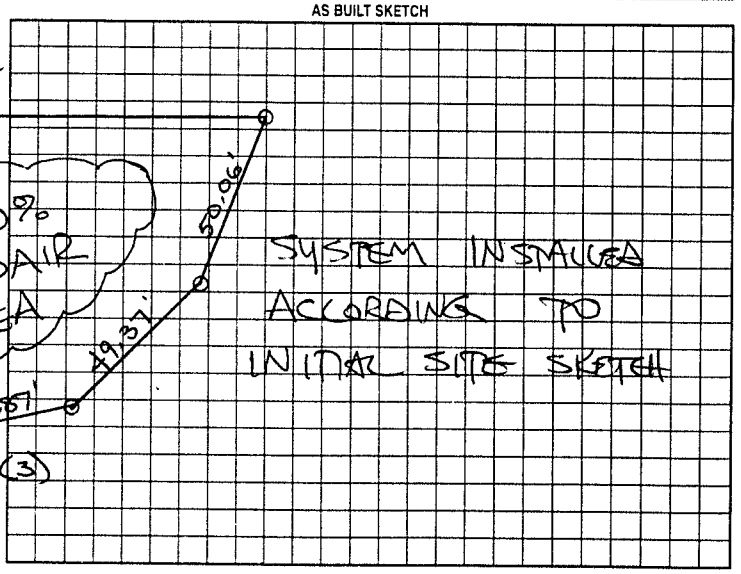
Comments/Conditions: KEEP SYSTEM MINIMUM 50 FEET FROM WELL, 10 FEET FROM PROPERTY LINE

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "POLYLOK" FILTER

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: [signature] date 2/23/01 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 2-23-01 Operation Permit by: STEVE HEDRICK date 3-9-01

Authorization to Construct by: STEVE HEDRICK date 2-23-01 Existing System Inspection by: date

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