IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100559 PIN# 4728 57 2251 1719 DATE 5/10/01

OWNER OR CONTRACTOR MIKE PITTS PHONE: Business _____ Home (704) 876-4365

ADDRESS 158 POVERTY HILL LN., STATESVILLE, NC 28625

LOCATION 115 N. @ BAILY FARM RD., @ POVERTY HILL RD. AT END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 AC. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 7-26-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'
No Lines 3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth N/A

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

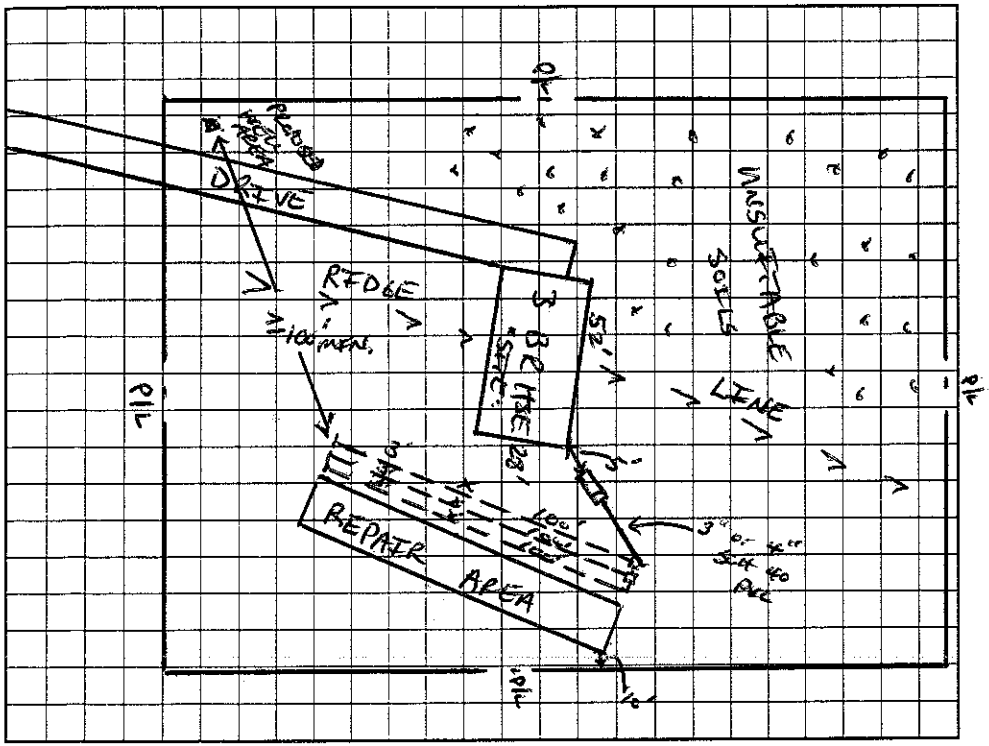
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) INSTALL DRAINLINES UNIFORM AND ON CONTOUR (2) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (3) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (4) MAINTAIN NOTED SETBACKS

Comments:/Conditions: INSTALLED AC DRAW TUFFTITE Filter MASTER

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: Dennis Gallihe date 5/16/01 Installed by: C.T. THOMPSON

Improvement Permit by: Tracy Shinn date 5/10/01 Operation Permit by: [signature] date 3-15-06

Authorization to Construct by: Tracy Shinn date 5/10/01 Existing System Inspection by: _____ date _____

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