IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825

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

PERMIT # 203369

APPLICANT: Larry Pitman

PIN # 4745593024

SITE ADDRESS: 163 James Farm Rd

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SITE DIRECTIONS: Hwy 21 N T/L past health Dept on James Farm Rd Lot on left

PHONE: 704-380-2397 ALT. PHONE: 704-902-4255

SUBDIVISION: N/A

SECTION: N/A LOT # N/A LOT AREA: 0.6 ac DESIGN FLOW: 240 L.T.A.R.: .3

Septic Tank	EX (gal)	STB	EX	Date	EX
Pump Tank	N/A (gal)	PT	N/A	Date	N/A
Pump Make	N/A	Model	N/A	Serial #	N/A
# Nitrification Fields	1	# Lines	5	Linear Ft:	190
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A

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

System Description: 25% Reduction

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

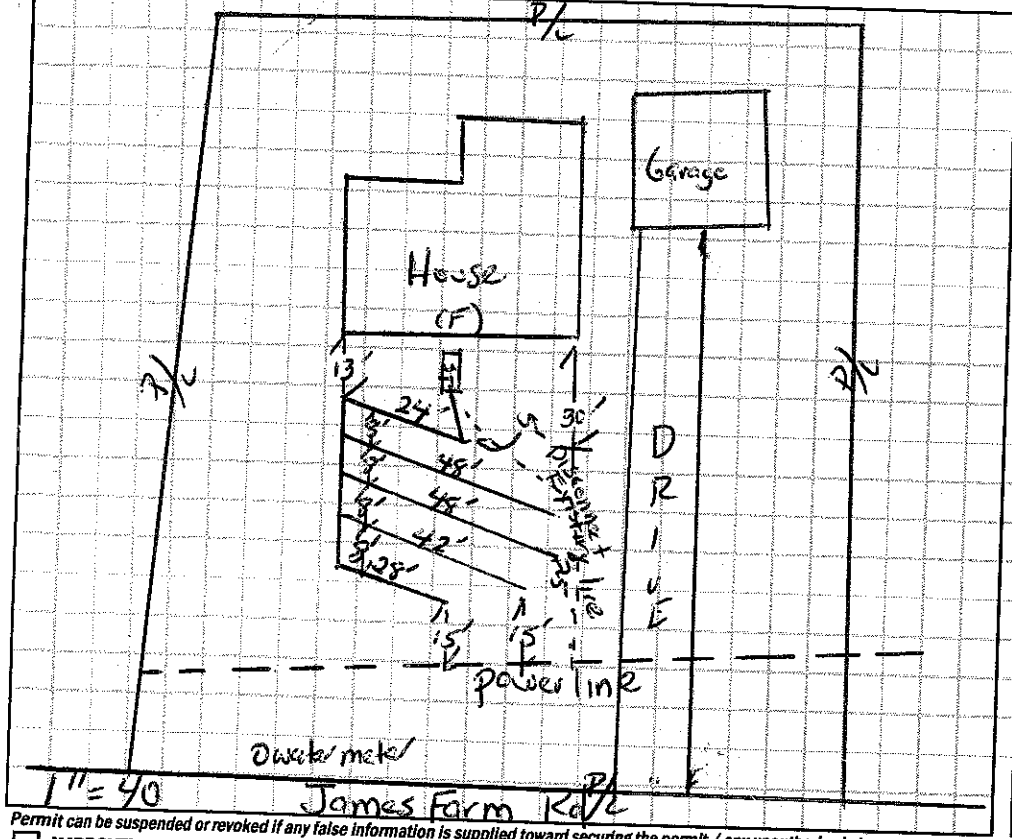
No. Bedrooms 2 No. Persons 4 No. Employees ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install 25% on contour with serial distribution. Water line may need to be rerouted 10' away from STS.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick as drawn

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration*

☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.*

☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Larry Pitman Date: 6-9-14

IMPROVEMENT PERMIT by: [signature] Date: 06/06/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/06/14

Installed by: [signature] Kobelco Backhoe

OPERATION PERMIT by: [signature] Date: 06/26/14

Existing System Inspected by: _____ Date: _____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK