IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114674 PIN# 4749-53-9232.000 4749-53-7283 DATE 8-15-03

OWNER OR CONTRACTOR CLARENCE PITTS PHONE: Business Home 704-876-1755

ADDRESS 159 POVERTY LANE STATESVILLE, NC 28625

LOCATION 21 N, (L) JENNINGS, (L) FRIENDSHIP, LOT #2 ON RT ≈ 1/2 mile

SUBDIVISION CHARLES ACRES BLOCK / SECTION LOT 2 LOT AREA .664 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; ST8 1012 Date 28 DAYS
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 x 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: GRAY COVER
Repair System Description: LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

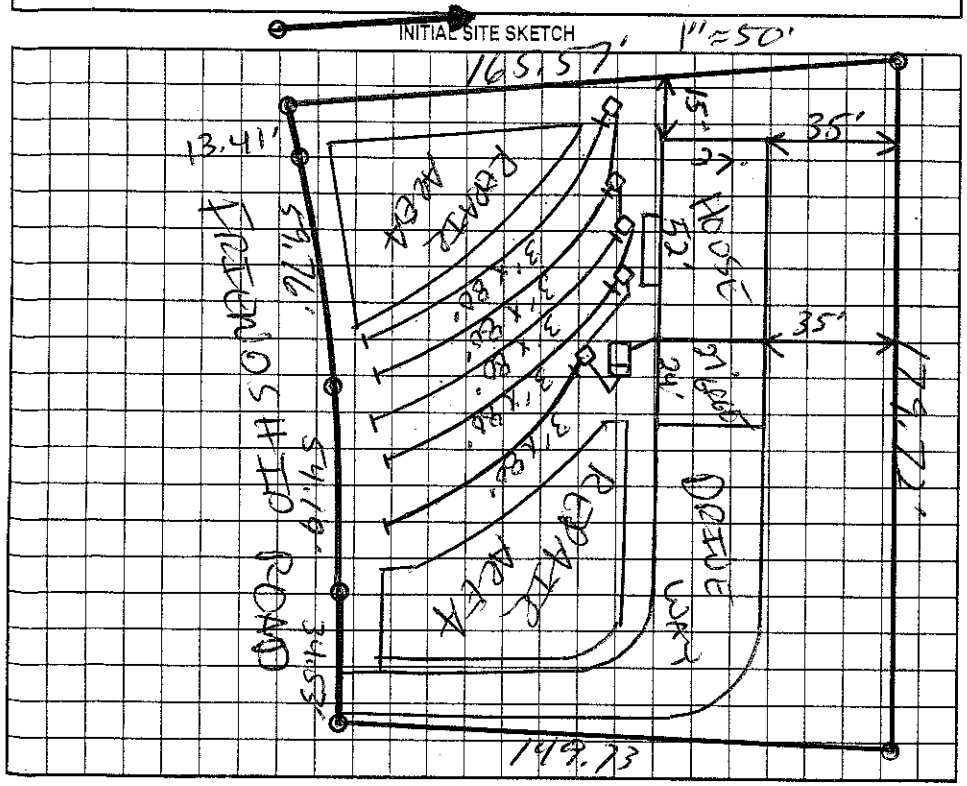
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 1½
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SETBACKS (3) SYSTEM IS COMPLETELY FLAGGED OUT

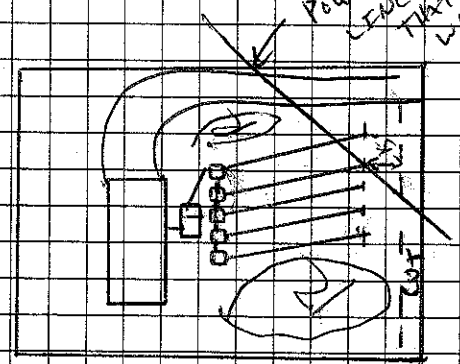
Comments:/Conditions: TUFF TITE FITTER + MARKER.

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

1ST LINE INTERCEPTED A POWERLINE AS SHOWN. 6" LINE IS 16" BELOW POWERLINE & SHOULD NOT POSE A PROBLEM. IT SHOULD BACK UP TO BOX BEFORE BLEEDING OUT. IF IT DOES BLEED IT WILL ACT LIKE A DROP BOX BECAUSE LINE WILL BE FULL & DROP DOWN TO NEXT LINE.



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: Clarence Pitts date 8/18/03 Installed by: SELF INSTALLED BY CLARENCE PITTS

Improvement Permit by: Jon Cook RS date 8-15-03 Operation Permit by: Jon Cook RS date 10-3-03

Authorization to Construct by: Jon Cook RS date 8-18-03 Existing System Inspection by: date

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