IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116547 PIN# 4749-53-~~4220.5~~ 9412 DATE 10-24-03

OWNER OR CONTRACTOR CLARENCE E PITTS PHONE: Business Home 704-276-1755

ADDRESS 159 POVERTY HILL LANE STATESVILLE, NC 28625

LOCATION 21 NORTH, ⓛ JENNINGS ⓡ FRIENDSHIP ⓡ ≈1000 YARDS, BEHIND LOTS 1 & 2

SUBDIVISION CHARLES ACRES BLOCK / SECTION LOT 3 LOT AREA .740 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 8-10-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320'
No Lines 4X80' Trench Width 36" Max Trench Bottom Depth [redacted] 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ⓘ III, IV, V, VI
System Description: CONV GRAV
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

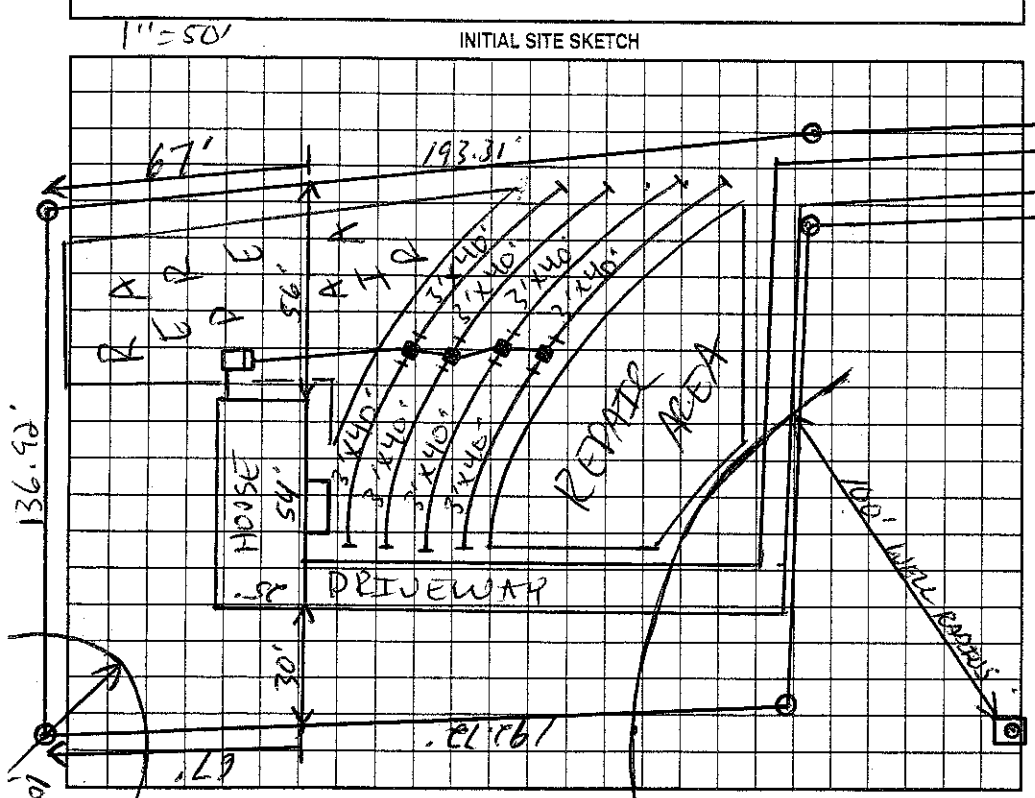
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① NOTE MAXIMUM TRENCH BOTTOM DEPTH ② INSTALL LINES ON CONTOURS ③ MAINTAIN SETBACKS ④ LINES ARE FLAGGED OUT

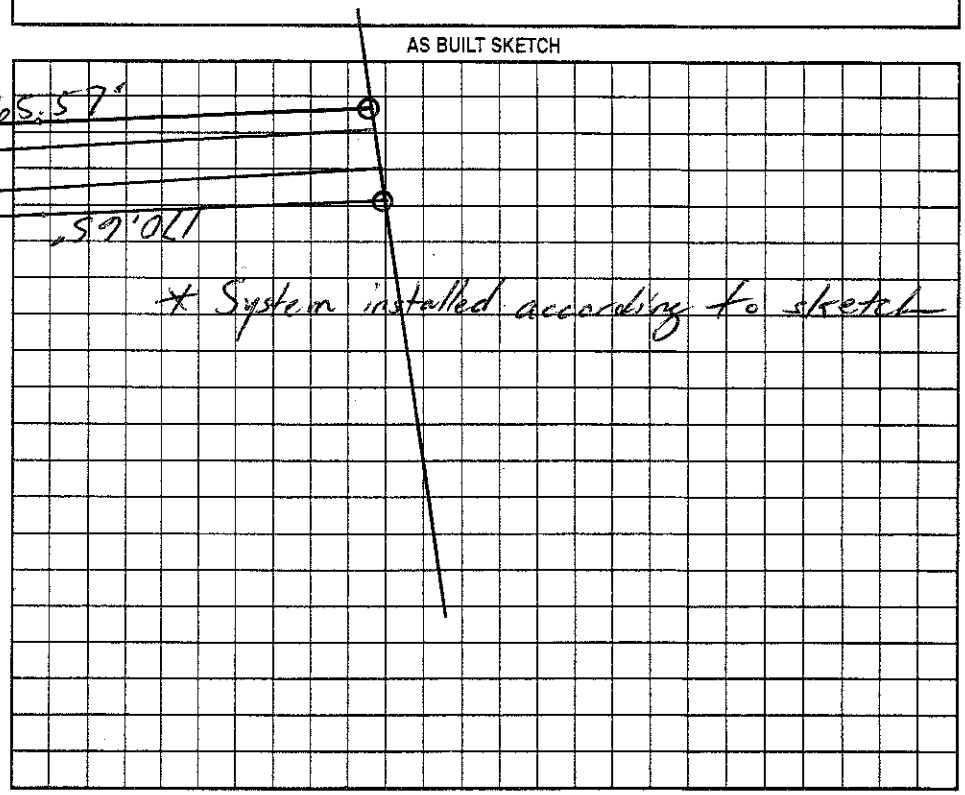
Comments/Conditions: ① ZABEL ② #5 + 57

1" = 50'

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: Clarence Pitts date 10-24-03 Installed by: KENNY MADISON

Improvement Permit by: [signature] RS date 10-24-03 Operation Permit by: Christopher M. Shirley, RS date 4-14-04

Authorization to Construct by: [signature] RS date 10-24-03 Existing System Inspection by: date

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