IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08400 PIN# 4762217515 (pt) DATE Nov. 1, '99

OWNER OR CONTRACTOR Piedmont Housing PHONE: Business 528-7120 Home

ADDRESS 1040 Charlotte Hwy Statesville 28166

LOCATION Ostwalt Amity Road Turn on Bethesda Rd ~ 1 3/4 mile on left

SUBDIVISION Fair Winds BLOCK / SECTION LOT 11 LOT AREA .459/.82 SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-22-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Gravity Innovative -25%
Maintenance Agreement Required: ☐ Yes ☑ No Rec.

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

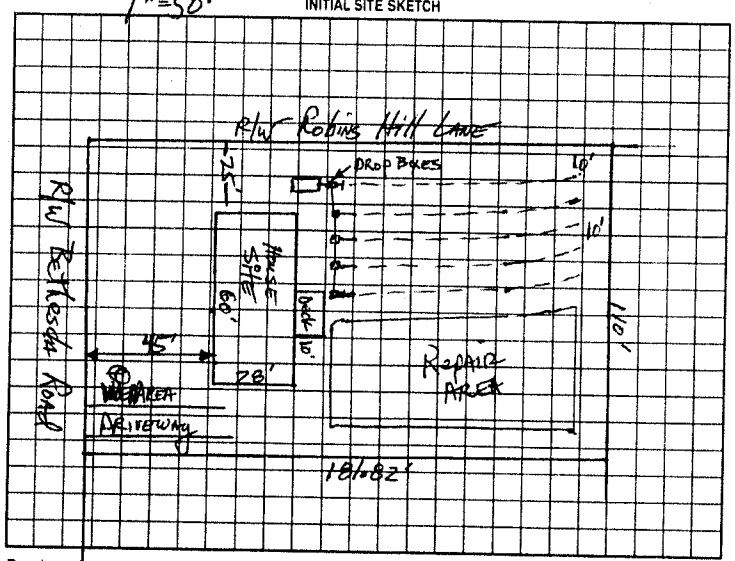
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Single 0-Box w/ Levelors may be used in lieu of Drop Boxes, Install Laterals no shallower than 30" minimum trench bottom depths

Comments/Conditions

1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: date 11-2-99

Improvement Permit by: date 11-1-99

Authorization to Construct by: date 11-1-99

Installed by: A-1 Backhoe

Operation Permit by: J. C. Moore date 11-16-99

Existing System Inspection by: date

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