IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083995 PIN# 4762217515 (pt.) DATE Nov. 2, '99

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

ADDRESS 1040 Charlotte Hwy Statesville 28166

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

SUBDIVISION FAIR Winds BLOCK / SECTION LOT 2 LOT AREA 2.3 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .025-.03

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1320 Linear Feet 440

No Lines 4 & 4 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: pumped conventional

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

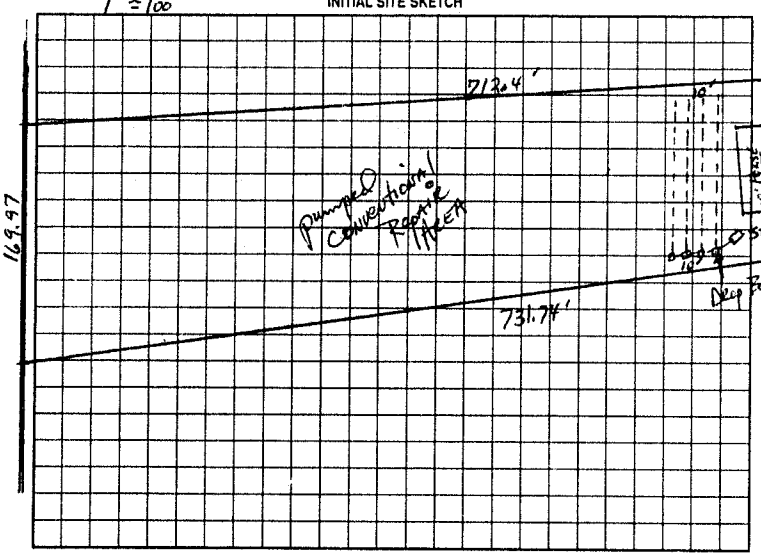
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Single D-Box w/ levelers may be used in lieu of Drop Boxes → 5a+9b'

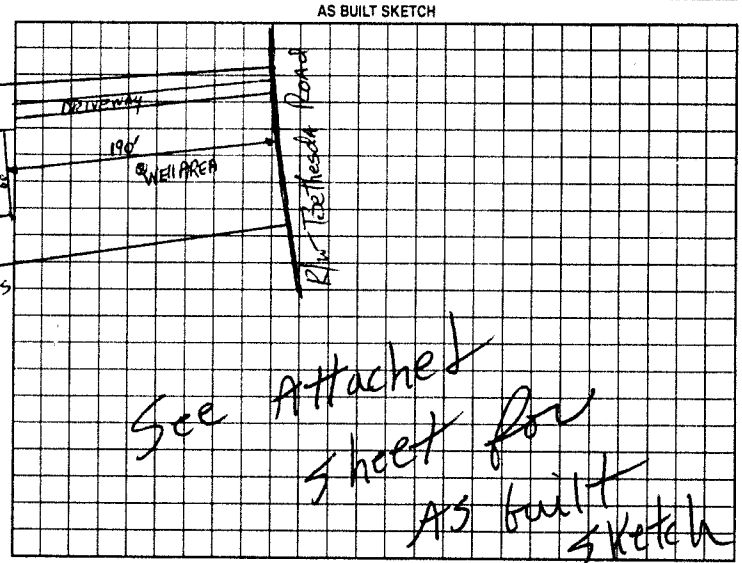
Comments /Conditions:

1" = 100'

INITIAL SITE SKETCH



AS BUILT SKETCH



See Attached sheet for 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: KM Hall date 11-2-99

Improvement Permit by: [signature], RS date 11-2-99

Authorization to Construct by: [signature], RS date 11-2-99

Installed by: A-1 Backhoe

Operation Permit by: R. C. Moore date 2-16-00

Existing System Inspection by: date

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