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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1396883 PIN# 4764463138 DATE 1-12-07

OWNER OR APPLICANT Curtis Gregory PHONE: Business Home 704-913-0058

ADDRESS 111 Wheatridge Drive Statesville NC 28625

LOCATION 64E (R) Bella Jean (R) Skyland (L) Curtis Farm (R) Cape Stone at end of Cul de sac

SUBDIVISION Curtis Farms BLOCK / SECTION 1 LOT 5 LOT AREA 1.925 SITE CLASS. 25 DESIGN FLOW 360 L.T.A.R. 25.0

Septic Tank: 1000 Gallons; STB 1012 Date 11-26-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet 1440 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

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

System Description: 25% Curtain

Repair System Description: 25% Curtain pump

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

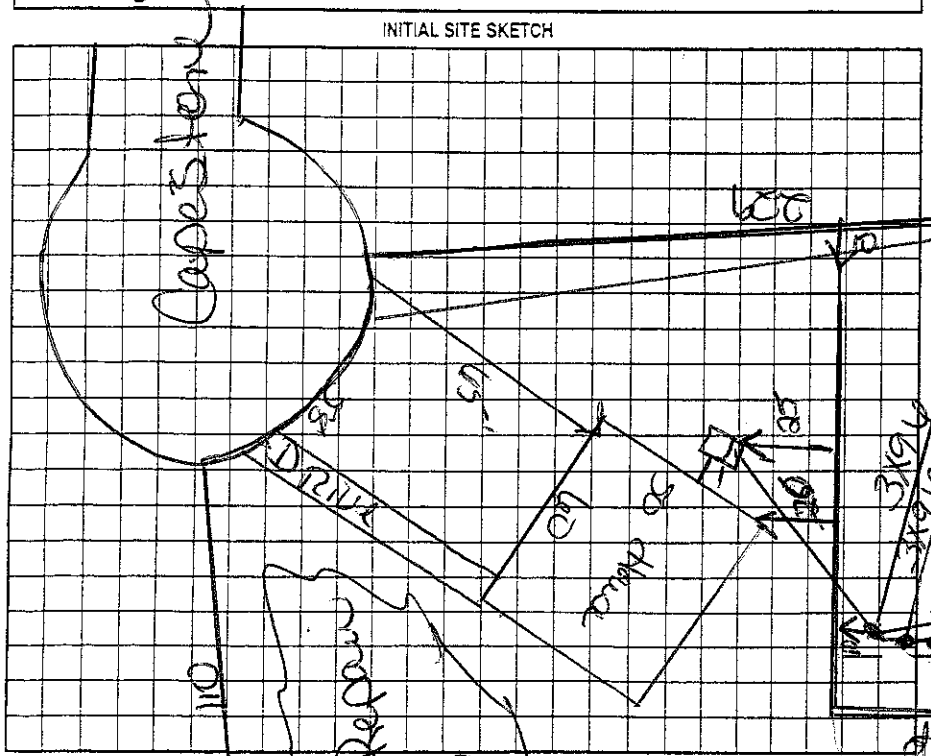
Comments/Conditions:

* Call Health department for flagging before installation

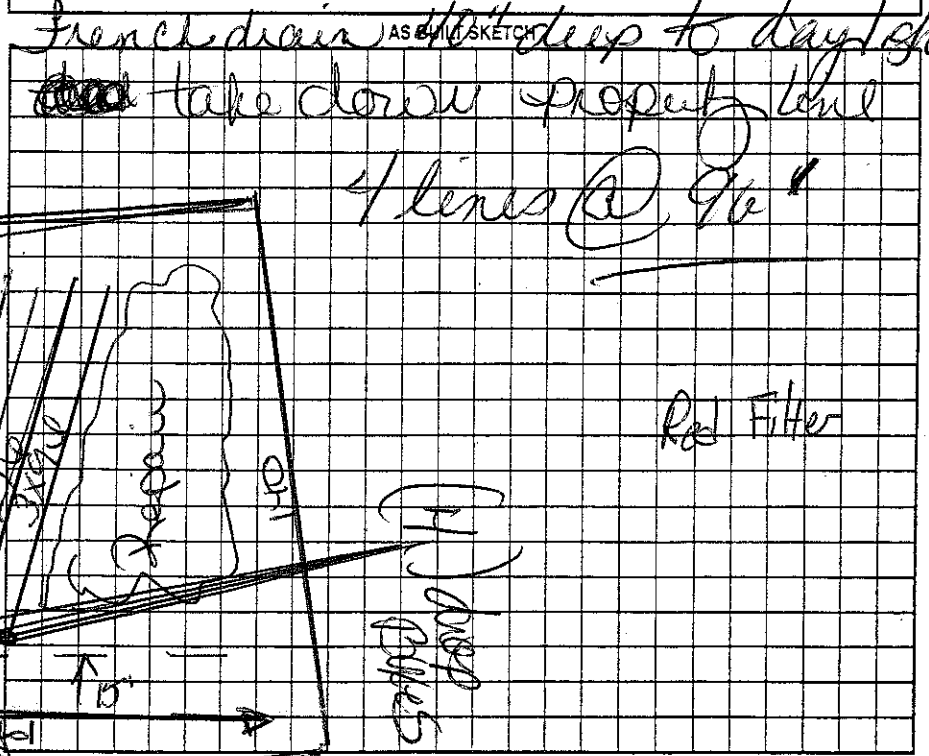
Comments/Conditions:

Install on Contour
Maintain all setbacks
French drain 4' deep to daylight
take down property line
4 lines @ 90'

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: _____ date _____ Installed by: Tommy Fry

Improvement Permit by: Kelly Cook date 1-12-07 Operation Permit by: _____ date 5-16-07

Authorization to Construct by: Kelly Cook date 1-12-07 Existing System Inspection by: _____ date _____

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