IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130045 PIN# 4777680997 DATE 8-2-05

OWNER OR CONTRACTOR Kevin Fite PHONE: Business 704-528-7709 Home 704-663 1699

ADDRESS 1011 Ostwalt Amity RD Statesville NC

LOCATION Old Mockingbird RD White Oak Branch TR 468 White Oak Branch

SUBDIVISION DEER PARK BLOCK / SECTION ____ LOT 8 LOT AREA 3.1 AC. SITE CLASS RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conventional Gravity

Repair System Description: Conventional Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

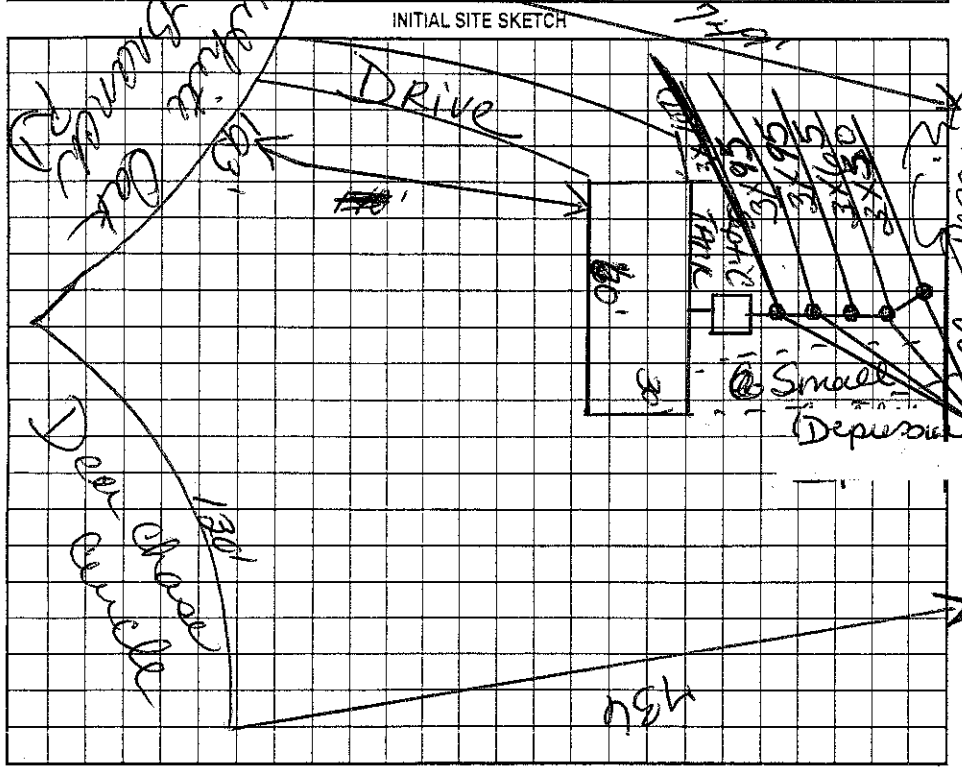
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

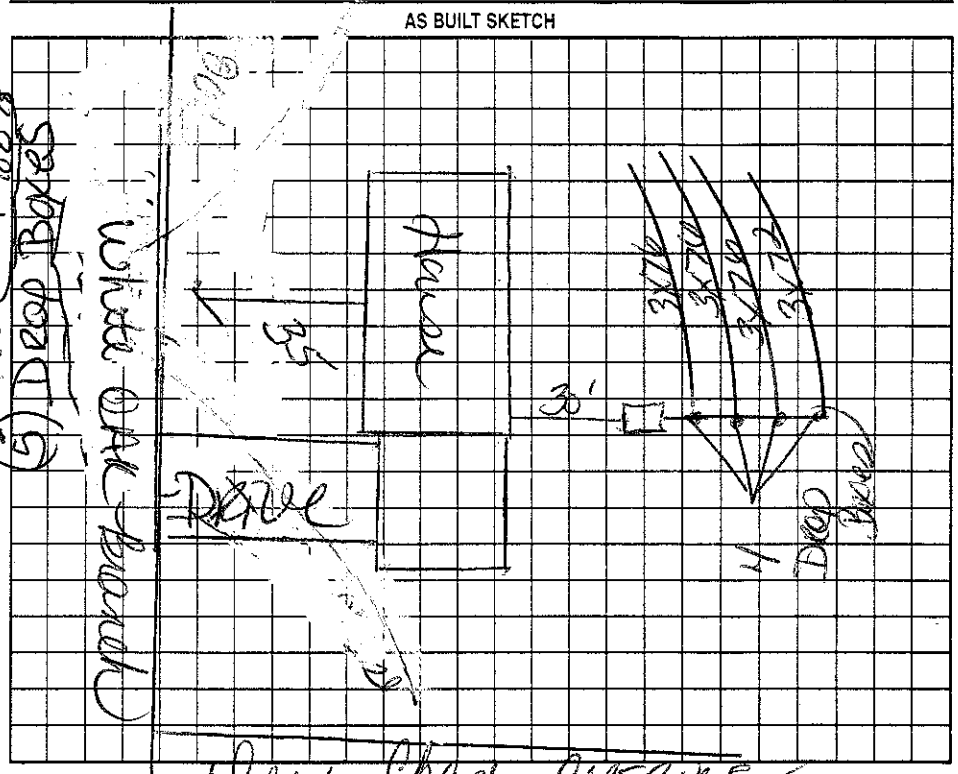
Comments:/Conditions: Install on contour Stay 5' off small depression after fill and packing.

Comments:/Conditions: 25% Reduction installed 300'

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 8-31-05 Installed by: DAVID YOUNTZ

Improvement Permit by: Terry Coon date 8-2-05 Operation Permit by: Terry Coon date 2-22-06

Authorization to Construct by: Terry Coon date 8-2-05 Existing System Inspection by: ____ date ____

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