IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 105434 PIN# 4786-96-0765 DATE 04-03-02

OWNER OR CONTRACTOR JOHN & LINDA DEWITT PHONE: Business _____ Home 704-873-2189

ADDRESS 224 WOODLEAF RD CLEVELAND NC 27013

LOCATION 64E, (R) WOODLEAF, (R) AT BOX-H 224

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 41.37 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons: STB 794 Date 2-23-95
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 900' Linear Feet 500'
No Lines 2X150' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 13"

☐ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes (X) No

(X) House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other ADDITION ONTO GARAGE/UTILITY

☐ Slab (X) Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

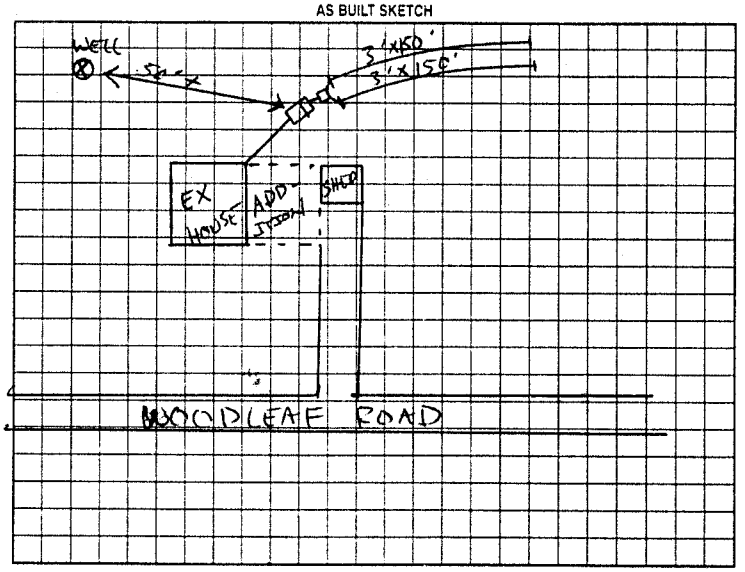
Water Supply: (X) Individual ☐ Public ☐ Community WELL

Comments/Conditions:

Comments/Conditions: (1) KEEP ADDITION 5' OFF ANY PART OF SYSTEM (2) NO BEDROOMS ADDED; → NO FLOW CHANGE.

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: X John A Dewitt date X4/3/02 Installed by: WES LITTON

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 04-03-02

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