IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146195 PIN# 4841247088

OWNER OR APPLICANT (Clayton Homes) Kim & Adam Pitt DATE 10-31-07

ADDRESS 2026 Northside Drive, Statesville NC 28677 PHONE: Business 704-873-2547 Home ______

LOCATION Jennings (R) Trumpet (R) Cupeota Springs (R) Current on right 318

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 1 AC SITE CLASS. ______ DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 782 Date 7-29-93

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36 Gravel Depth ______

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

System Description: Conven. Gravity

Repair System Description: Conven. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Persons 2 No. Employees ______

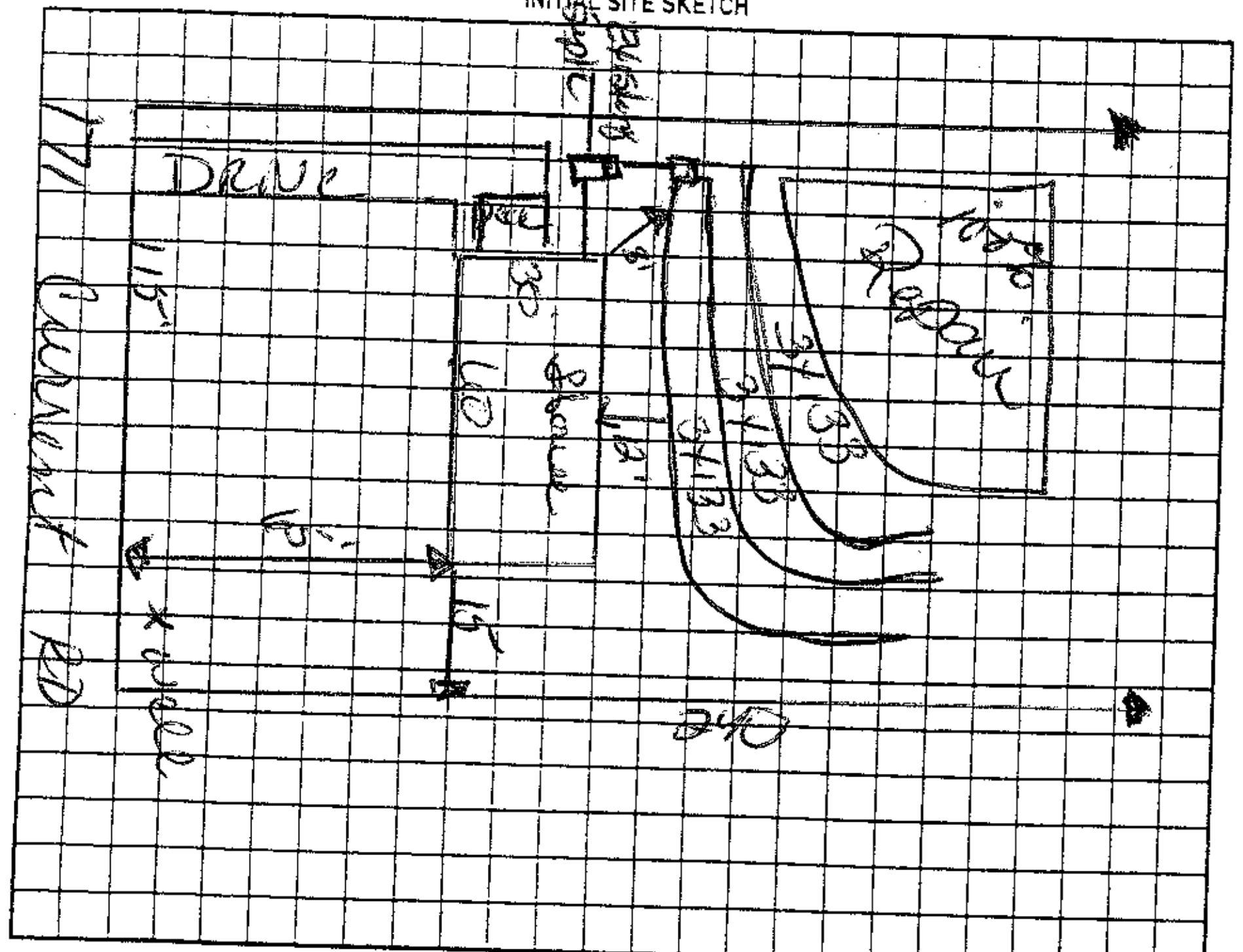
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

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: ______

Improvement Permit by: ______ date ______ Operation Permit by: ______ date ______

Authorization to Construct by: ______ date ______ Existing System Inspection by: [signature] date 10/31/07

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