IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14824 PIN# 4880704303 DATE 9-11-07

OWNER OR APPLICANT Donald White PHONE: Business 252 345 5714 Home 252-246-0023

ADDRESS 6905 Gay Moss Rd Fremont NC 27830

LOCATION 2W (NB) 301 1st Fremont Hwy - on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1ac2 SITE CLASS. B DESIGN FLOW 300 L.T.A.R. .125

Septic Tank: 1000 Gallons; STB 760 Date 9-3-07
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 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Graywater
Repair System Description: 50% Less Red
Maintenance Agreement Required: ☐ Yes ☐ No

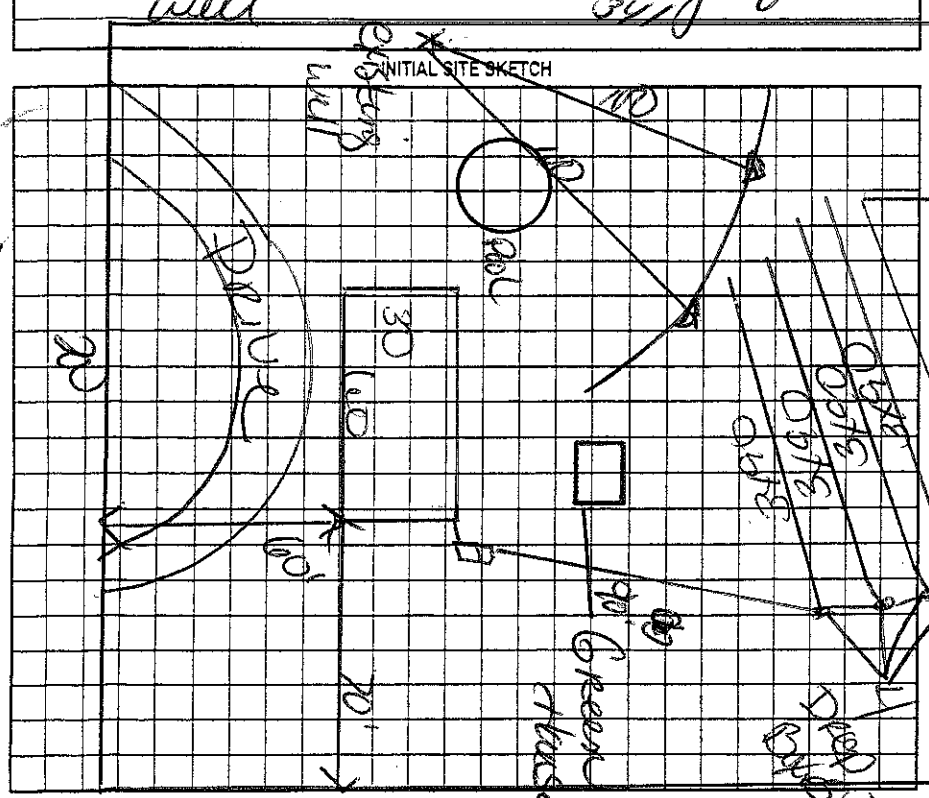
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

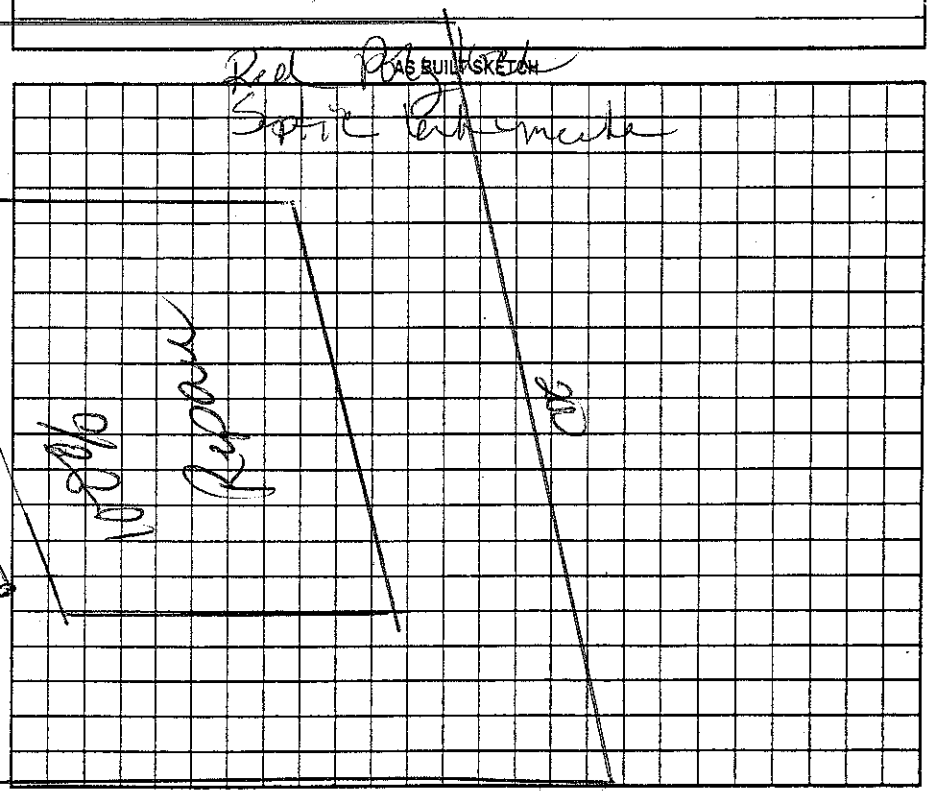
Comments:/Conditions:
Maintain 100' away from well

INITIAL SITE SKETCH



Comments:/Conditions:
Install on contour

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: Wayne White date _____
Improvement Permit by: Kelly Cox date 7-11-07
Authorization to Construct by: Kelly Cox date 7-11-07

Installed by: Brent Cothaven
Operation Permit by: Kelly Cox date 7-2009
Existing System Inspection by: _____ date _____

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