owes $

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092300 PIN# 3785686525 DATE Nov. 28 00

OWNER OR CONTRACTOR Kathy Rhyne Beaver PHONE: Business _____ Home _____

ADDRESS 127 Walnut Tree Rd. Statesville N.C. 28625

LOCATION I40 West TR Old Mtn Rd. TL Pressley Farm. RW Right 500' before Alexander Co. Line

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.15 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8-21-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional Same

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

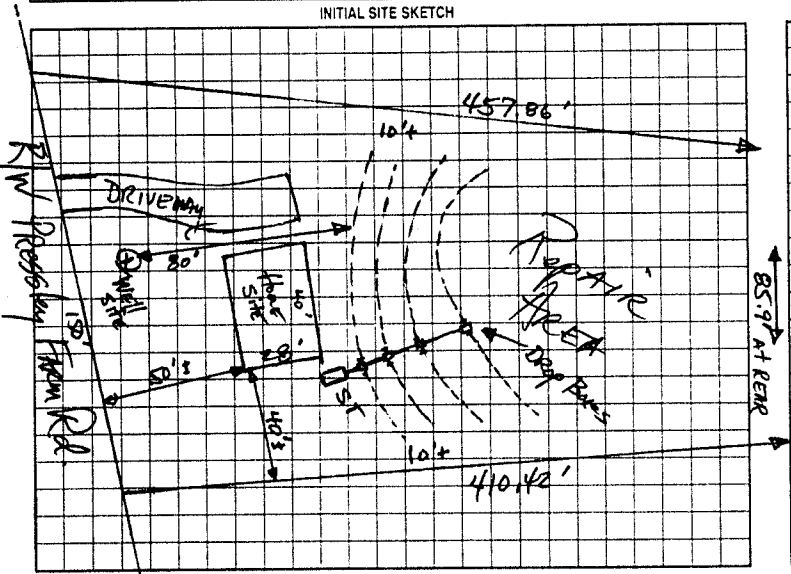
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

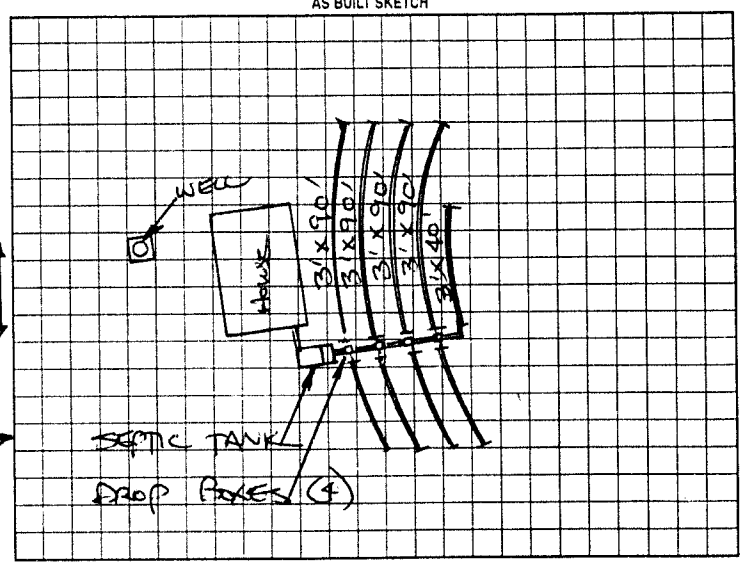
Comments/Conditions:

Comments/Conditions: ① System altered as shown below due to prop. line setback w/ prior Health Dept. Approval ② Septic tank with marker installed using "Polylok" filter

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 11/30/00 Installed by: Craig Thompson

Improvement Permit by: _____ date 11-28-00 Operation Permit by: Steve Hedrick date 12-6-00

Authorization to Construct by: _____ date 11-28-00 Existing System Inspection by: _____ date _____

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