IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ______ PIN# ______ DATE 7-11-00

OWNER OR CONTRACTOR James Alan Keever PHONE: Business ~~828~~ 632 3476 Home ~~828~~ 632 2052

ADDRESS 158 Calhoun Rd Stoney Point N.C.

LOCATION 90W At co Line TR Calhoun 1/4 mi Rt

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 1acre + SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .33

Set New

Septic Tank: 1000 Gallons; STB 1012 Date 7-4-00

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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

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

System Description: ______

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

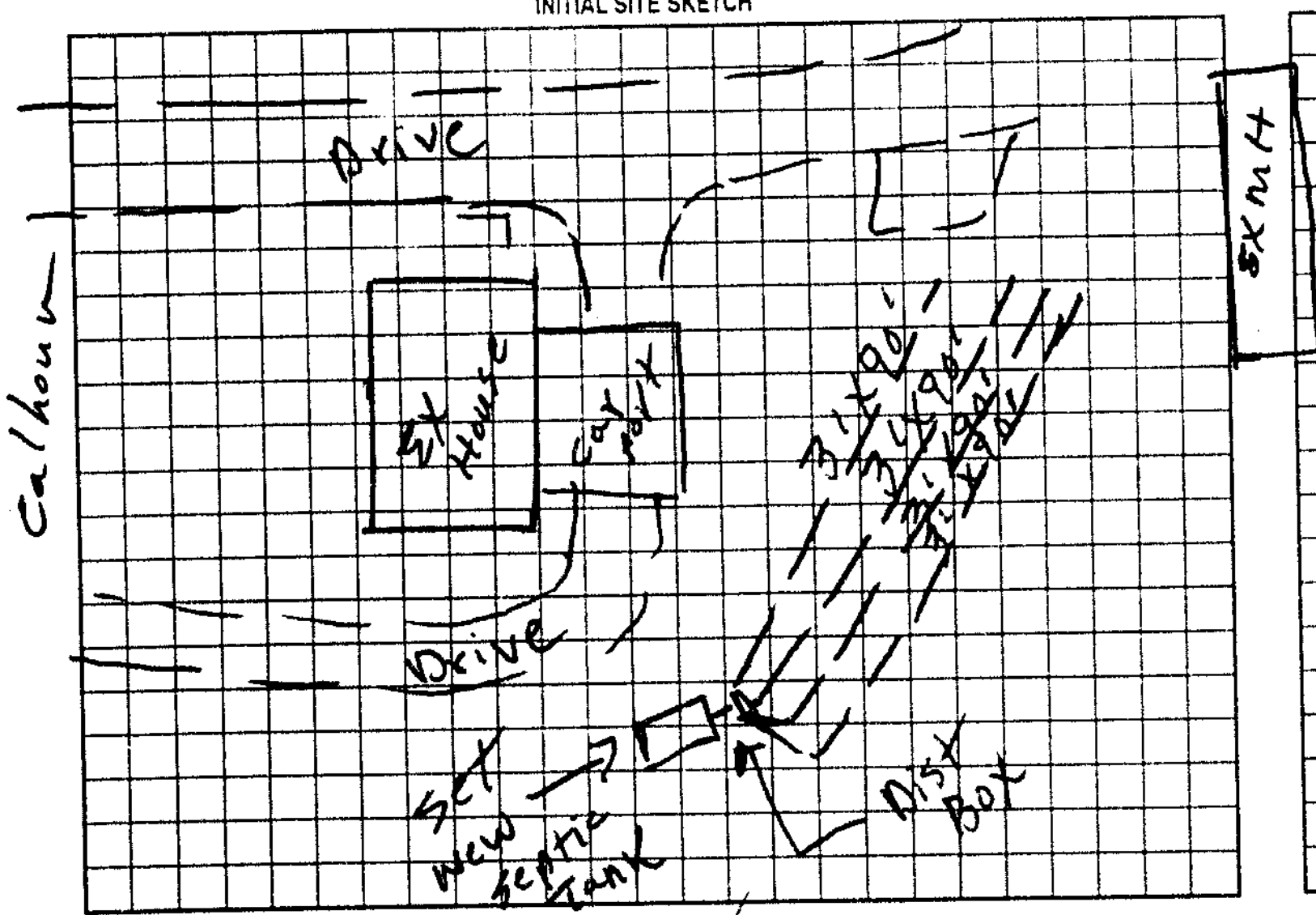
No. Bedrooms 3 No. Bathrooms 1 No. Employees ______

Water Supply: ☐ Individual ☑ Public ☐ Community

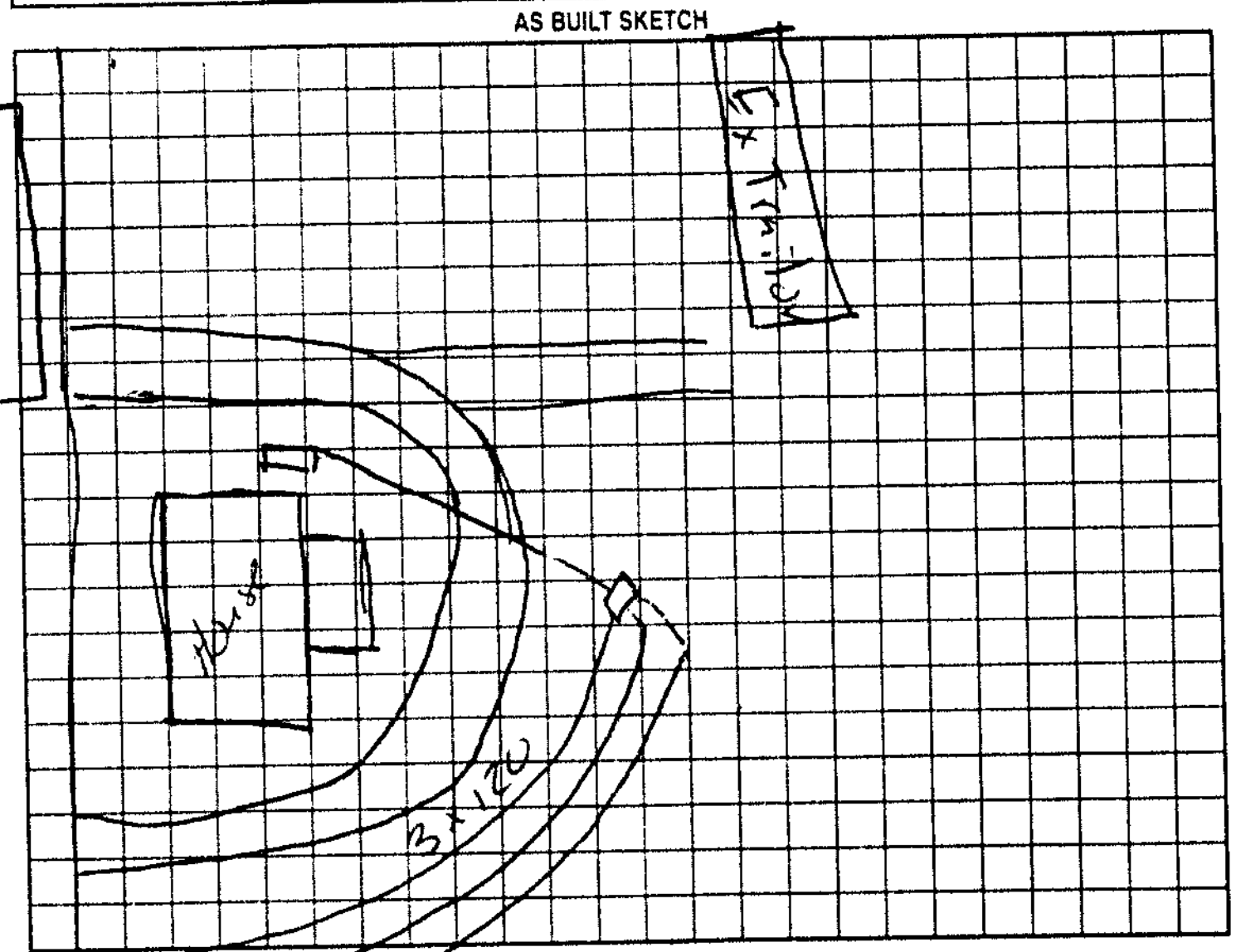
Comments:/Conditions: ______

Comments:/Conditions: * sch 80 from tank 60 ft out 3 lines, 1 dist box.

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 [signature] date ______ Installed by: Tommy Cothren

Improvement Permit by: P. C. Moore date 7-11-00 Operation Permit by: [signature] RS date 11-28-00

Authorization to Construct by: P. C. Moore date 7-11-00 Existing System Inspection by: ______ date ______

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