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 May 15, 2000

OWNER OR CONTRACTOR Alan Beasley PHONE: Business work 528-4506 Home _____

ADDRESS 4929 Taylorsville Hwy

LOCATION Hwy 90 West Approx .7 mile on left past Scotts School (white house w/Red trim)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9 ACRES SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .37

Septic Tank: 1000 Gallons; STB 1007 Date 4 31 2000

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: _____

Repair System Description: GRAVITY CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

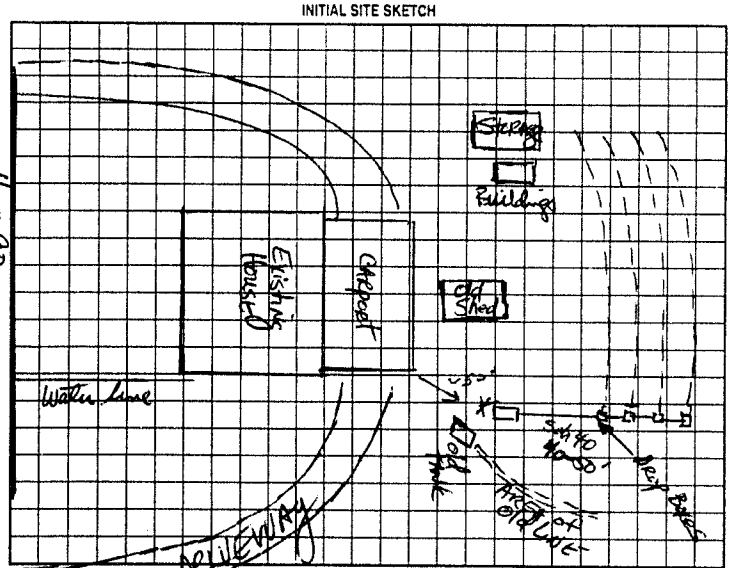
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Old tank likely in poor condition – if so, set NEW TANK WHERE X

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

System installed as designed

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: Sam Beasley date _____

Improvement Permit by: Mark R. Hinson, RS date 5-15-00

Authorization to Construct by: Mark R. Hinson, RS date 5-15-00

Installed by: Jody TRAVIS

Operation Permit by: L Potter date June 12 2000

Existing System Inspection by: _____ date _____

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