IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $280 MOORESVILLE 704-664-5281

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

PERMIT# 117213 PIN# 4627 71 9740 DATE 3/1/04

OWNER OR CONTRACTOR Nathaniel Swanson PHONE: Business _____ Home 336-766-9902

ADDRESS PO Box 746 Clemmons, NC 27012

LOCATION 1100 TR Blume (D) Beeton Path (L) on Beeton Path, 1st lot on (R) past Honeysuckle

SUBDIVISION CL+T BLOCK / SECTION 9 LOT 34 LOT AREA .77Ac SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/1/04
Pump Tank: 1000 Gallons; PT 17 Date 12/11/04
Pump Make: Gaulds Model WE05HH Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair System Type: I II (III) IV V VI
System Description: Pres Men. to Type 3 Drainfield
Repair System Description: 783 Recordation
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ___
[ ] Other _____

Water Supply: [X] Individual [ ] Public [ ] Community

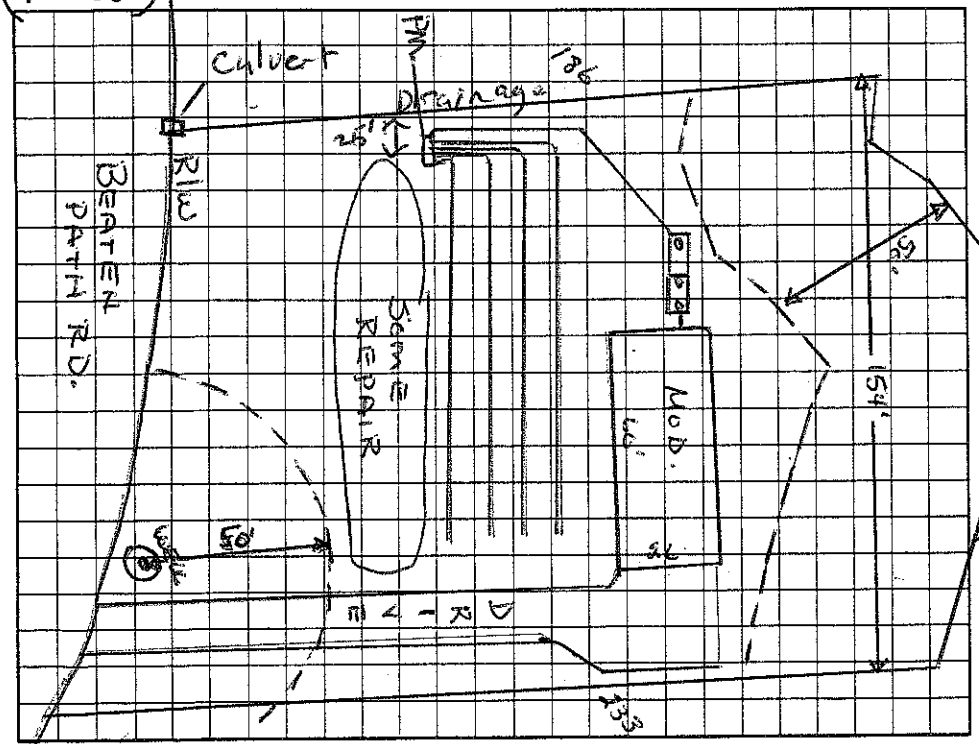
Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions:

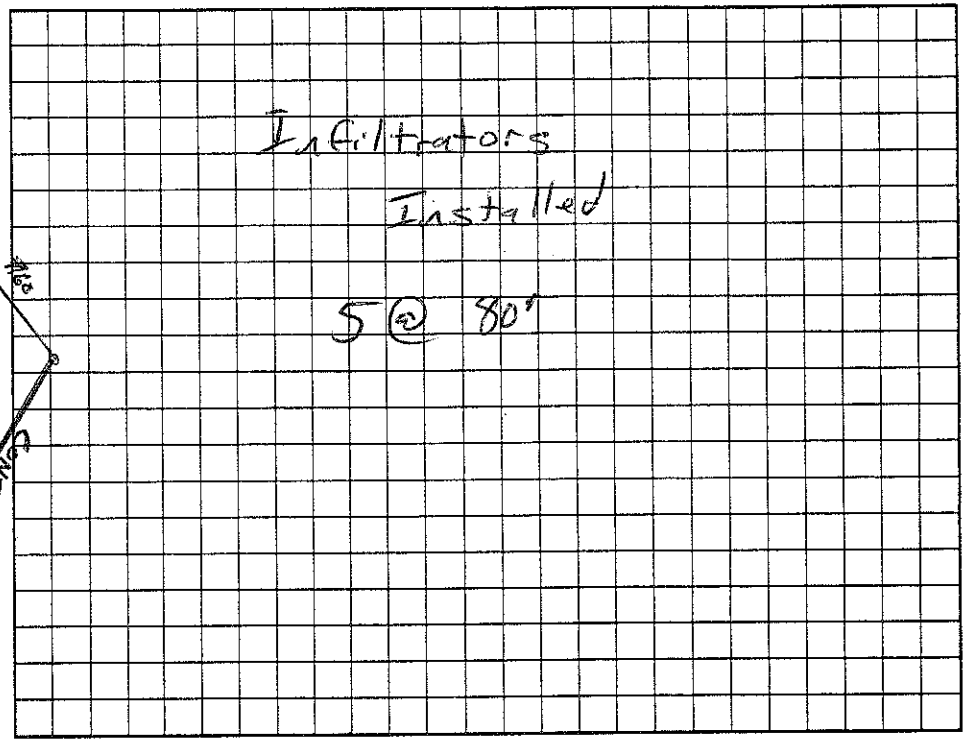
Comments:/Conditions:

1" = 50'

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: Phyllis M. Swanson date 3/4/04

Improvement Permit by: Wesley Sparks RS. date 3/1/04

Authorization to Construct by: Wesley Sparks RS. date 3/1/04

Installed by: C+S

Operation Permit by: _____ RS date 5/10/05

Existing System Inspection by: _____ date _____

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