(3,00)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073783 PIN# 4627 82 6825 DATE 6/22/98

OWNER OR CONTRACTOR Ramsey Creek Dev. / Peyton Tucker PHONE: Business 892-0451 Home

ADDRESS PO Box 1061 Cornelius, NC. 28031

LOCATION 507 Beaton Path Rd. 1100 TR Blume TL Beaton Path (L) Beaton Path to 12th Lot on (L)

SUBDIVISION Shewendens Bluff BLOCK / SECTION [redacted] LOT 47 LOT AREA .93 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11/4/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Diar - Type III
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

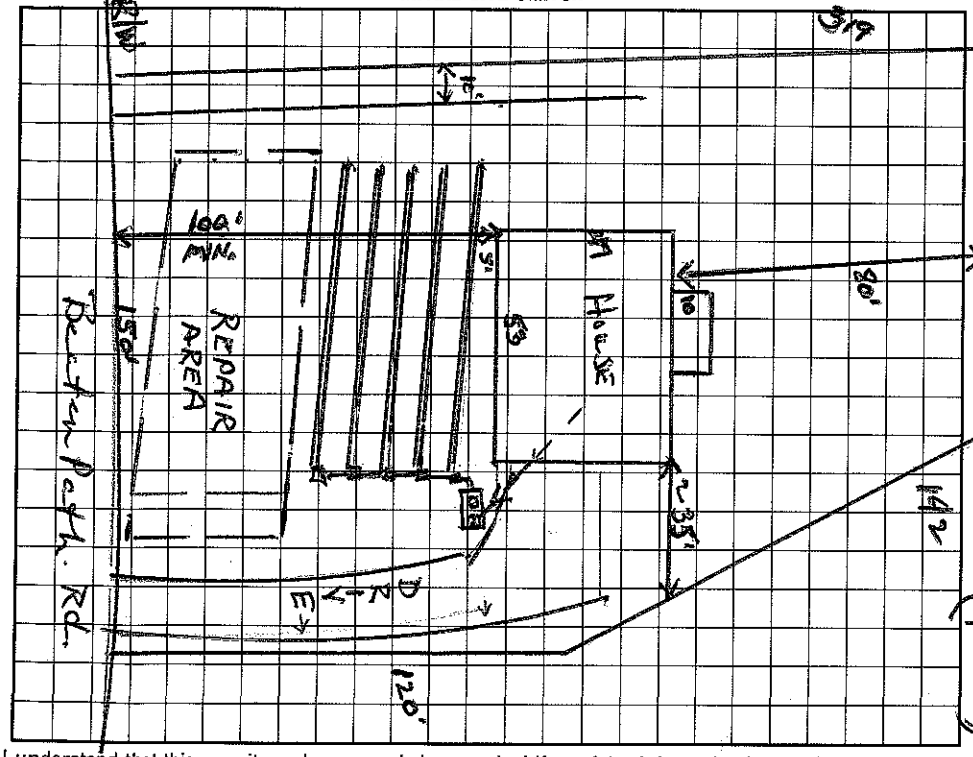
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

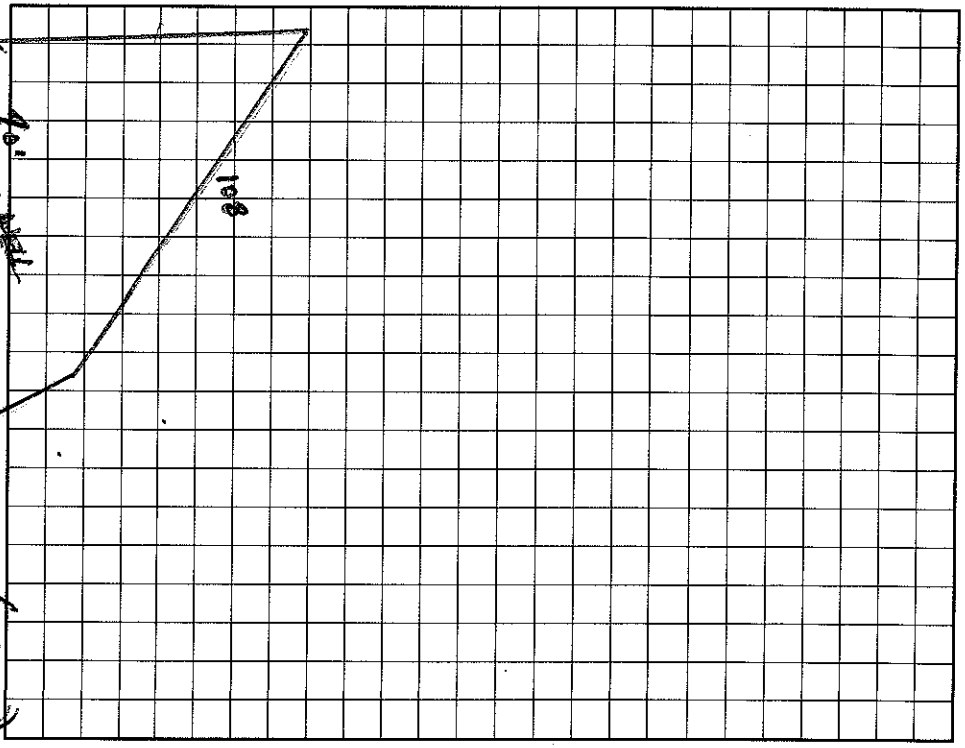
Comments:/Conditions: * 25% reduction for Type III use

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: * Peyton Tucker date _____

Improvement Permit by: Wesley Sparks R.S. date 6/22/98

Authorization to Construct by: Wesley Sparks R.S. date 6/22/98

Installed by: PIEDMONT SEPTIC

Operation Permit by: [signature] RS date 12/3/99

Existing System Inspection by: _____ date _____

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