11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# No PIN# ~~4637973579~~ 4637972322 DATE 4/13/00

OWNER OR CONTRACTOR Clint Beam PHONE: Business _____ Home 892-9853

ADDRESS 769 River Hwy Mooresville, NC. 28117

LOCATION 150 W, 1st Lane on (L) past Church.

SUBDIVISION No BLOCK / SECTION _____ LOT # 3 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 EXIST Gallons: STB _____ Date _____

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' x 3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: GRAV - CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

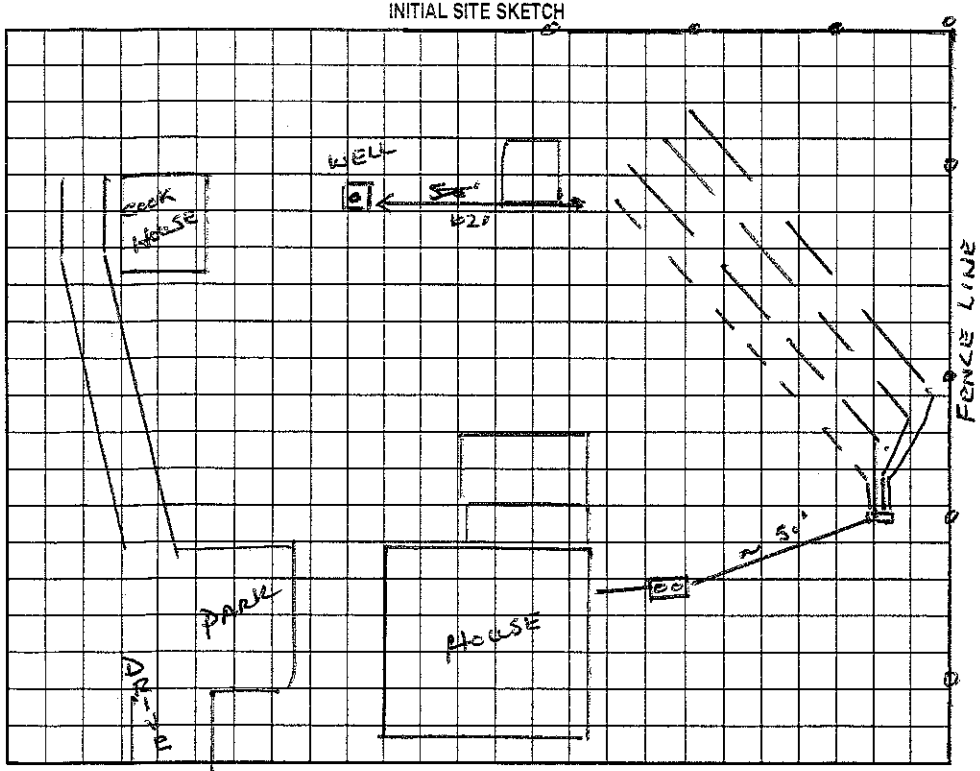
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: May use 25% reduced system —

Comments:/Conditions:

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: * Sam Beam date 4/13/00

Installed by: Larry Beam

Improvement Permit by: Wesley Sparks RS. date 4/13/00

Operation Permit by: Wesley Sparks RS. date 5/10/00

Authorization to Construct by: Wesley Sparks RS. date 4/13/00

Existing System Inspection by: _____ date _____

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