IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88573 PIN# 4679505485 PT / 4679509909 DATE 4/25/00

OWNER OR CONTRACTOR LARRY BEAM PHONE: Business 664-2090 Home

ADDRESS 2740 SLOOP RD - MT ULLA NC 28125

LOCATION 801 N - JR WIGGINS - ½ MILE ON LEFT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1 AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 7/8/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: SAME PUMPED
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

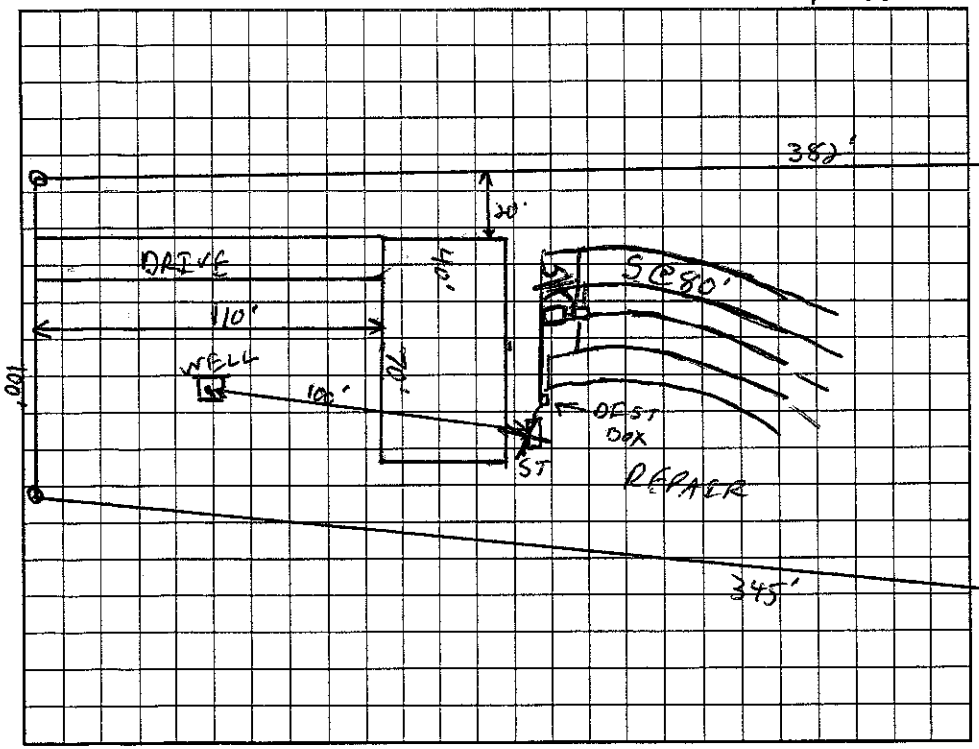
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

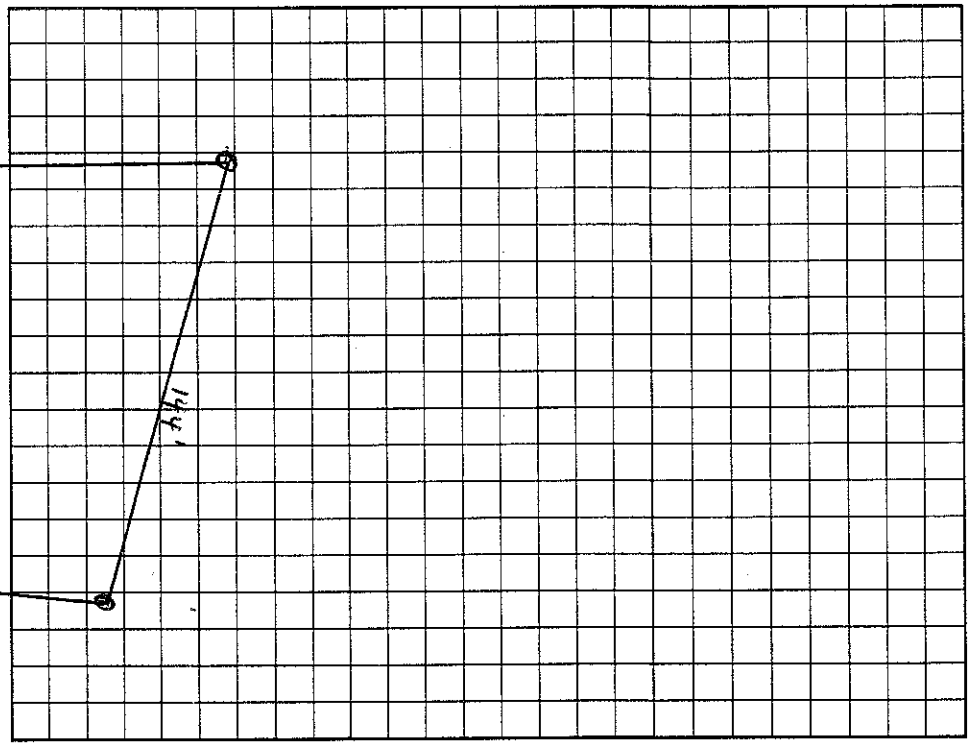
Comments:/Conditions: MAY BE INSTALLED AS 4@100' IF CONTOURS ALLOW.

Comments:/Conditions: Installed 4@100'+3'

INITIAL SITE SKETCH 1"=60'



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: Larry E Beam JR date 4/25/00 Installed by: Larry Beam

Improvement Permit by: C. Bl[illegible] RS date 4/25/00 Operation Permit by: Wesley Sparks RS date 8/31/00

Authorization to Construct by: C. Bl[illegible] RS date 4/25/00 Existing System Inspection by: ____ date ____

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