IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281

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

PERMIT# 125509 PIN# 4706-84-5309 DATE 12-29-04

OWNER OR CONTRACTOR K. A. WATT CONSTRUCTION PHONE: Business 704-902-4495 Home 704-876-0097

ADDRESS 129 BECKHAM ROAD STATESVILLE, NC 28625

LOCATION SCOTTS CREEK ROAD TO DELLA DRIVE TR JIM LANE, LOT AT END ON RIGHT

SUBDIVISION LARKIN SLOAN BLOCK / SECTION ____ LOT 11 LOT AREA 1.19 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-18-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: CONVENTIONAL, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

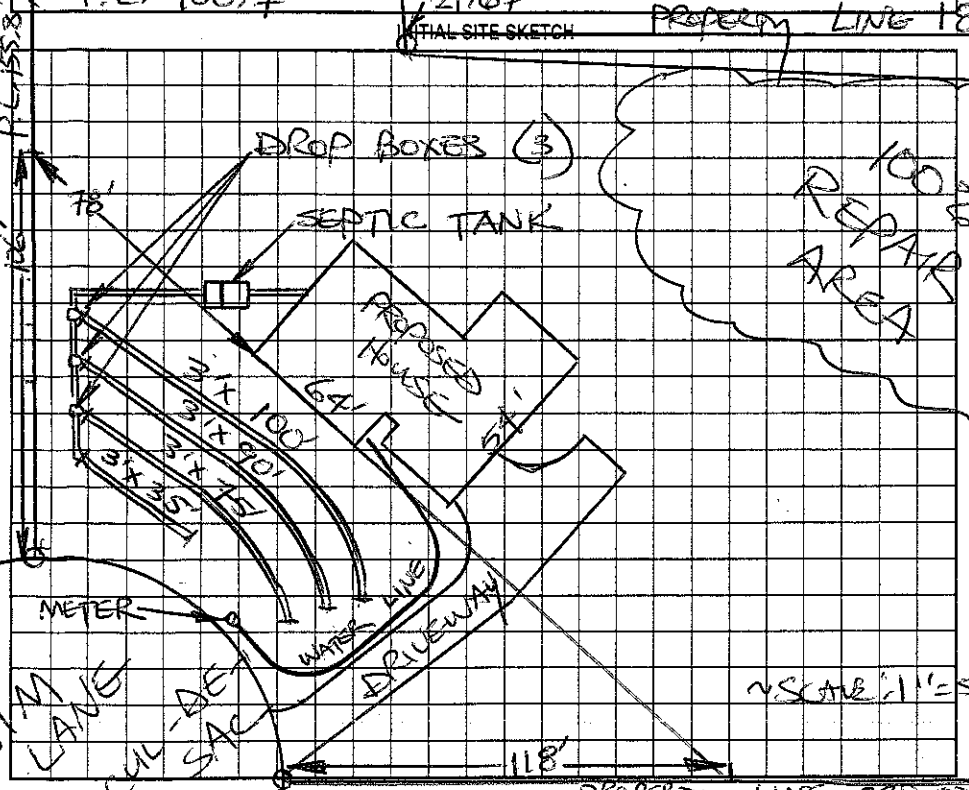
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) INSTALL 25% REDUCTION SYSTEM AS SHOWN ON CONTOUR. (2) KEEP SYSTEM MINIMUM TEN FEET FROM WATER LINE.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING A "TUFFTITE" RISER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH USING 75 "QUICK-4" INFILTRATOR CHAMBERS

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: [signature] date 12-29-04 Installed by: DAVID YOUNTS

Improvement Permit by: STEVE HEDRICK date 12-29-04 Operation Permit by: STEVE HEDRICK date 5-31-05

Authorization to Construct by: STEVE HEDRICK date 12-29-04 Existing System Inspection by: ____ date ____

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