IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 2I MOORESVILLE 704-664-5281

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

PERMIT# 116395 PIN# 4916-03-5953.1 44098 DATE 10/28/03

OWNER OR CONTRACTOR Kenneth A. Watt PHONE: Business (704) 902-4495 Home (704) 876-0647

ADDRESS 129 Beckam Rd Statesville N.C. 28625

LOCATION Hwy 115 N, @ Scotts Creek Rd, @ Robert Drive, end of road on left

SUBDIVISION Lawton Sloan BLOCK / SECTION _____ LOT 46 LOT AREA 1.21 Acre SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9-24-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Pump, Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____

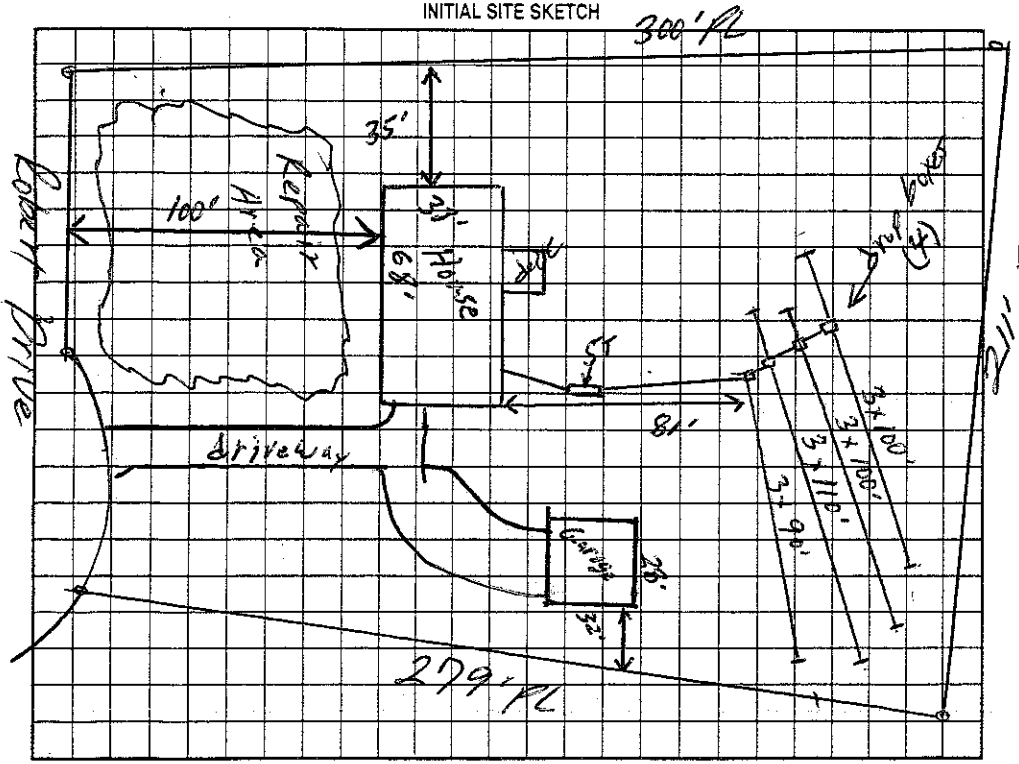
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

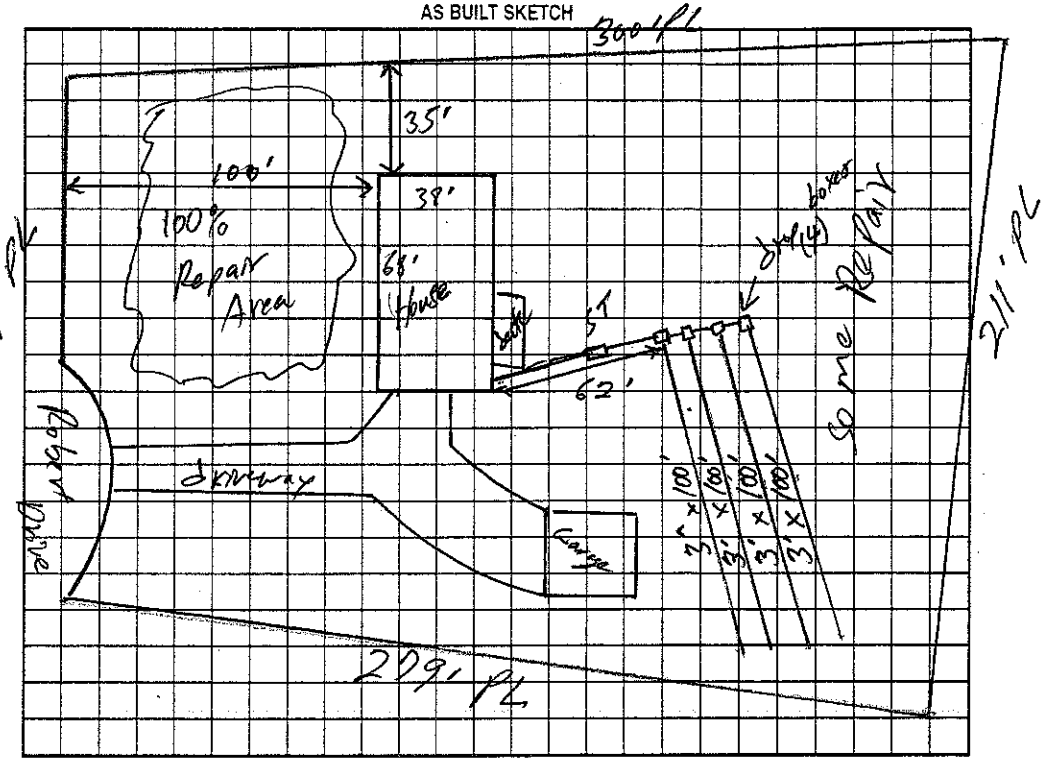
Comments:/Conditions:

Comments:/Conditions:
Turf-Tite Filter # 5T marker Installed
1"=60'

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: Kenneth A Watt date 10-28-03 Installed by: David Yountz

Improvement Permit by: William O. Johnson date _____ Operation Permit by: William O. Johnson date 3/25/04

Authorization to Construct by: William O. John date _____ Existing System Inspection by: _____ date _____

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