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 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: 4000 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 ____

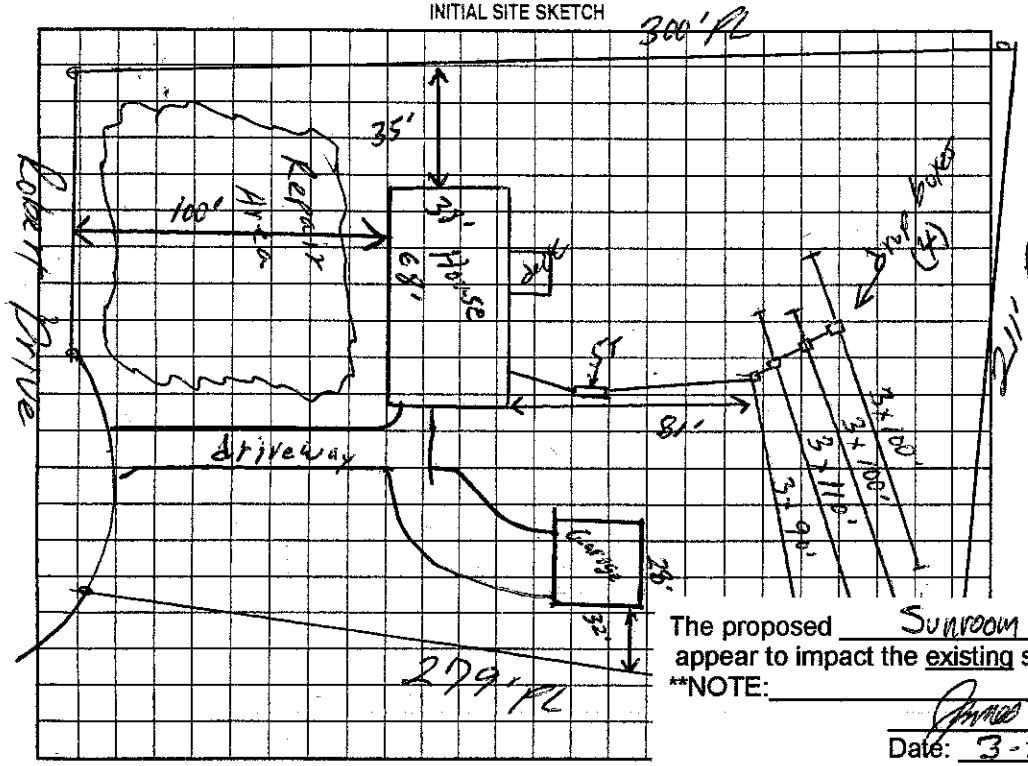
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

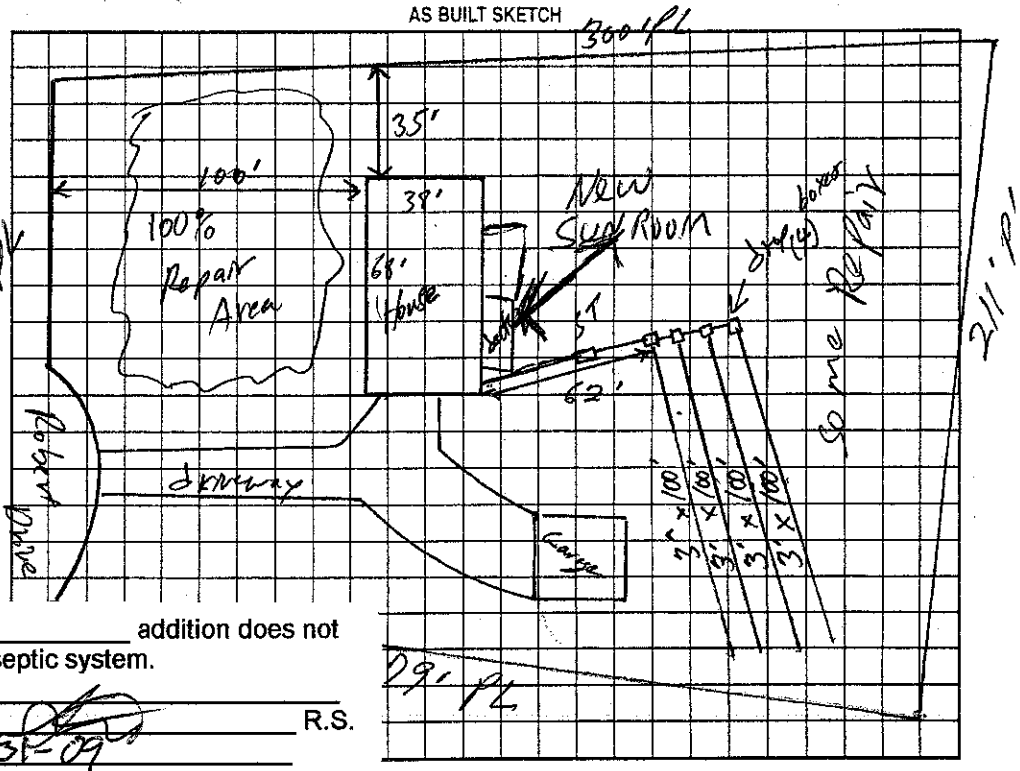
Comments:/Conditions:

Comments:/Conditions:
Tuff-Tite filter + ST Marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed Sunroom addition does not appear to impact the existing septic system.

**NOTE: ____

R.S.

Date: 3-31-04

ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward securing the permit, unauthorized changes are made to the installation, or 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. Johnson date ____ Existing System Inspection by: ____ date ____

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