IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086373 PIN# 4716 04 4288 DATE 12-1-99

OWNER OR CONTRACTOR KENNETH WATT PHONE: Business _____ Home 876-0047

ADDRESS 129 BECKHAM ROAD STATESVILLE NC 28625

LOCATION NC 115 North, TL SCOTS CREEK ROAD, TL ROBERT DRIVE, LOT ON LEFT AT MOBEAL LANE

SUBDIVISION LARKIN SLOAN BLOCK / SECTION _____ LOT 39 LOT AREA 1.478 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 4-30-00 Date 1012

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

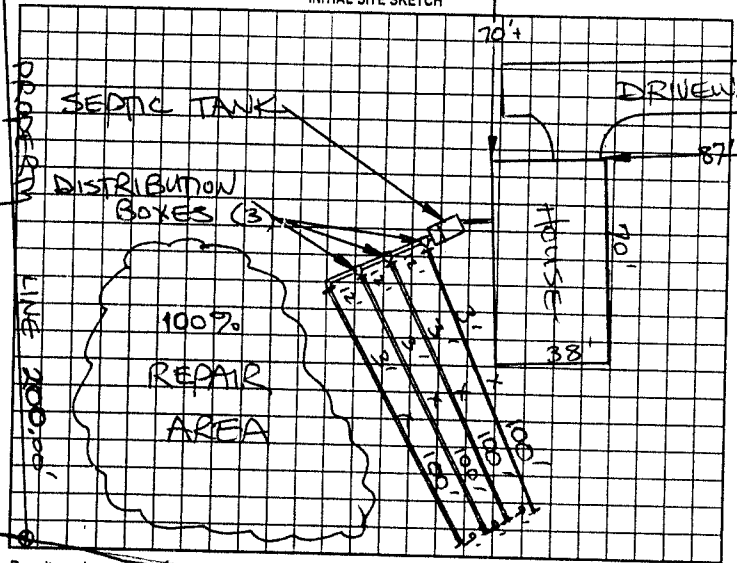
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: SCALE: 1" = 50'

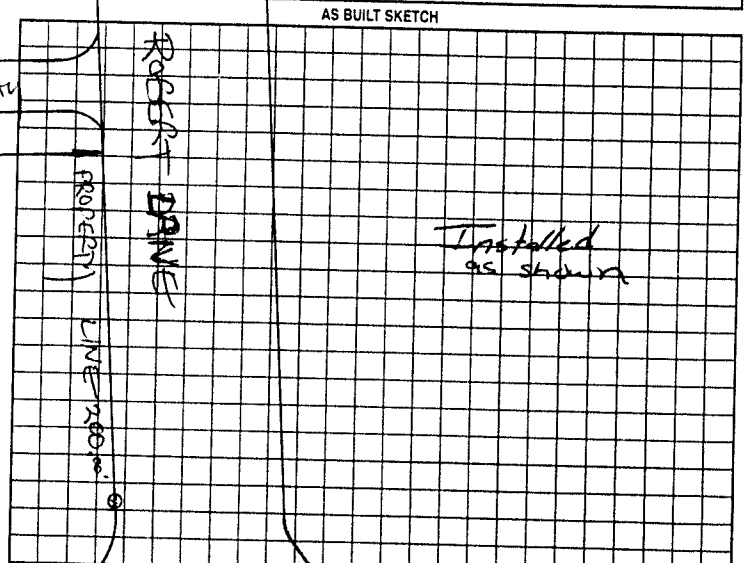
PROPERTY LINE 300.03'

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 plan 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: _____ date 12-1-99

Improvement Permit by: STEVE HEDRICK date 12-1-99

Authorization to Construct by: STEVE HEDRICK date 12-1-99

MOBEAL LANE

Installed by: David Kuntz

Operation Permit by: _____ date 8-1-00

Existing System Inspection by: _____ date _____

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

CHL-BE-5AC