IREDELL COUNTY HEALTH DEPARTMENT

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

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

(2) PERMIT# 135955 PIN# 4717-84-4768 2515 DATE 6-2-06

OWNER OR APPLICANT KENNETH A. WATT PHONE: Business 704-902-4495 Home 704-876-0047

ADDRESS 129 BECKHAM ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TL MIDWAY RD, TR COVE GAP ROAD, 0.1 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 ACRES SITE CLASS. IPS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB TP STD Date 3-05-06
Pump Tank: _____ Gallons; PT 1012-1000 Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

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

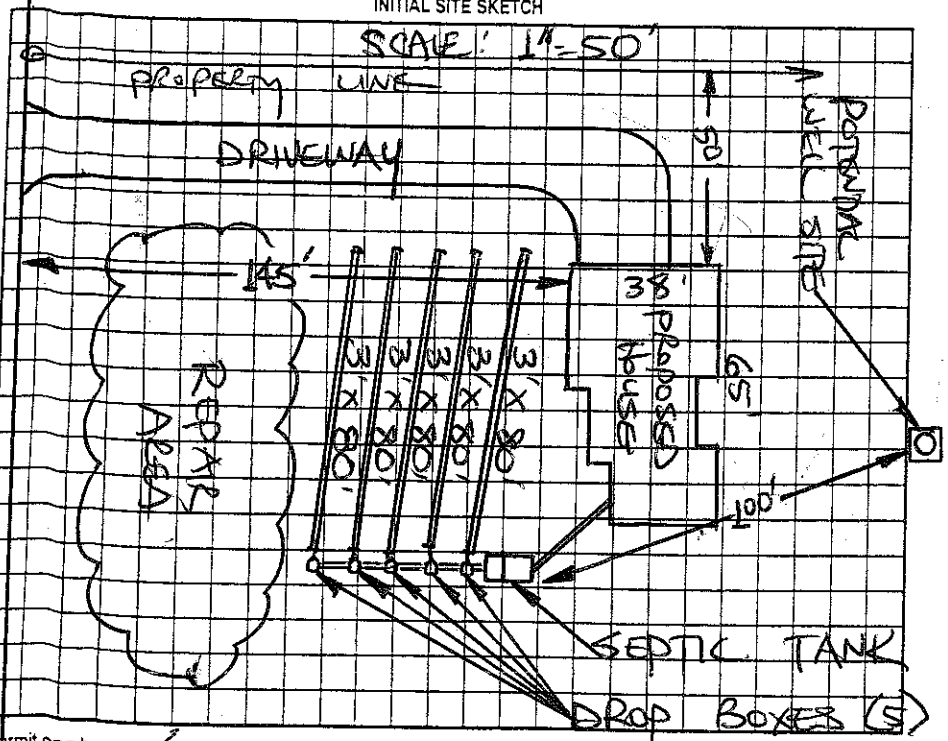
Water Supply: ☐ Individual ☐ Public ☐ Community WELL

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

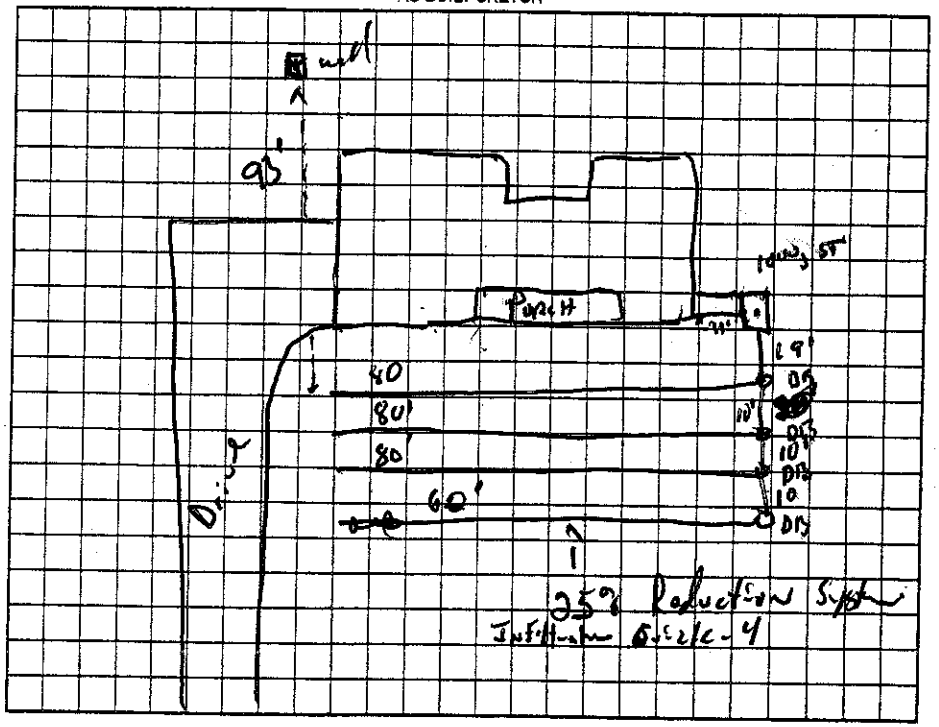
Comments/Conditions: AN "ACCEPTED SYSTEM" MAY ALSO BE USED
KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: Tough - Tight

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 Watt date 6-2-06

Improvement Permit by: STEVE HENRICK date 6-2-06

Authorization to Construct by: STEVE HENRICK date 6-2-06

Installed by: David Yount2

Operation Permit by: [illegible] RS1 date 22 Sept. 06

Existing System Inspection by: _____ date _____

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