IREDELL COUNTY HEALTH DEPARTMENT

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

59487

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23259 DATE 2-29-96 TAX MAP NO. 9A-9-A-120 Watershed: ☐ Yes ☒ No

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

ADDRESS 129 BECKHAM ROAD, STATESVILLE, NC 28677

LOCATION NC115N TL SCOTTS CREEK, TL MILLER FARM, TR ANTLER, TL REDBUCK, TL RIDGEVIEW, 8TH LOT ON LEFT

SUBDIVISION DEERCROFT BLOCK / SECTION III LOT 120 LOT AREA 110'x 260'+ SITE CLASS. PS DESIGN FLOW 360 L.T.A/R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 3-8-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth ~36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. ~~GRAVITY~~ PUMP.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other

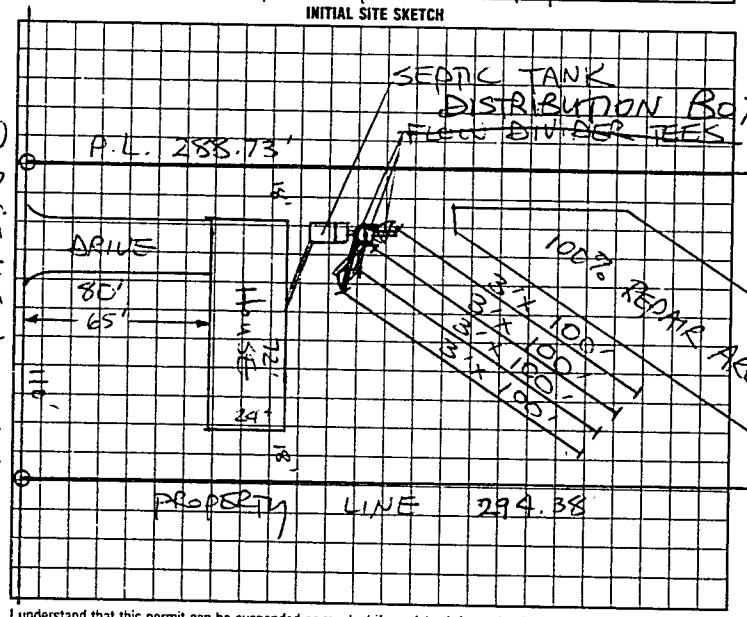
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

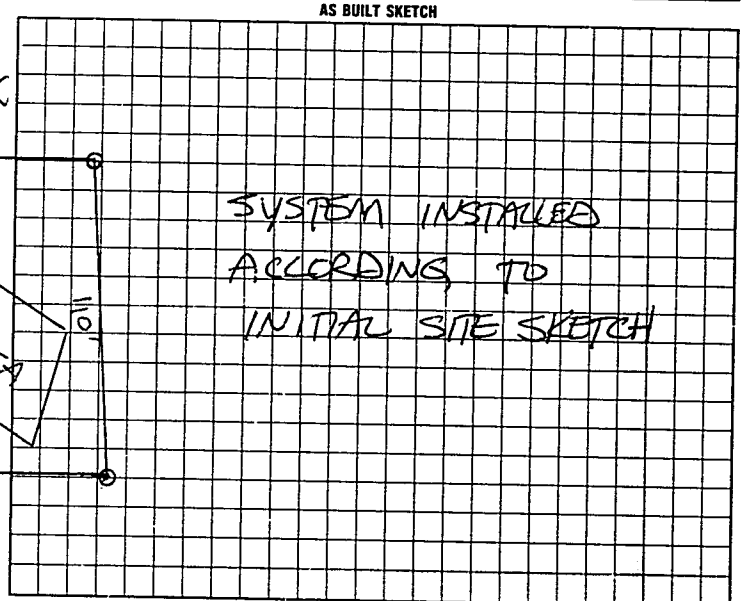
Comments: ① SUS OUT PLUMBING ABOVE FOOTER TO KEEP UPPER LINE AS SHALLOW AS POSSIBLE ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 100' LINES.

Comments: CHANGED TO DISTRIBUTION BOX

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: X Kenneth A. Watt

Improvement Permit by: STEVE HEDRICK date 2-29-96

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by: STEVE HEDRICK date 2-29-96

Installed by: KENNY PEARSON

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: STEVE HEDRICK date 5-9-96

HEALTH DEPT. COPY: WHITE | INSPECTION COPY (FINAL): GREEN | OWNER COPY (FINAL): YELLOW | INSPECTION COPY (INITIAL): PINK | OWNER COPY (INITIAL): GOLD