56141

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 21904 DATE 8-24-95 TAX MAP NO. 9A-9-A-121 Watershed: ☐ Yes ☒ No

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

ADDRESS 129 BECKHAM RD STATESVILLE NC 28677

LOCATION NC115N TL SCOTTS CREEK, TL MILLER FARM, TR ANTLER, TL RED BUCK, TL RIDGEVIEW, ON (L) AT

SUBDIVISION DEERCROFT BLOCK / SECTION III LOT 121 LOT AREA 10.73 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.13 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 9-11-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model EQUIVALENT Serial No. _____

Nitrification Field: No Fields 1 Square Feet 10' 1200 Linear Feet 300

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I (II) III IV V VI

System Description: GRAVITY CHAMBERS

Repair System Description: ~~PUMP TO~~ CHAMBERS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

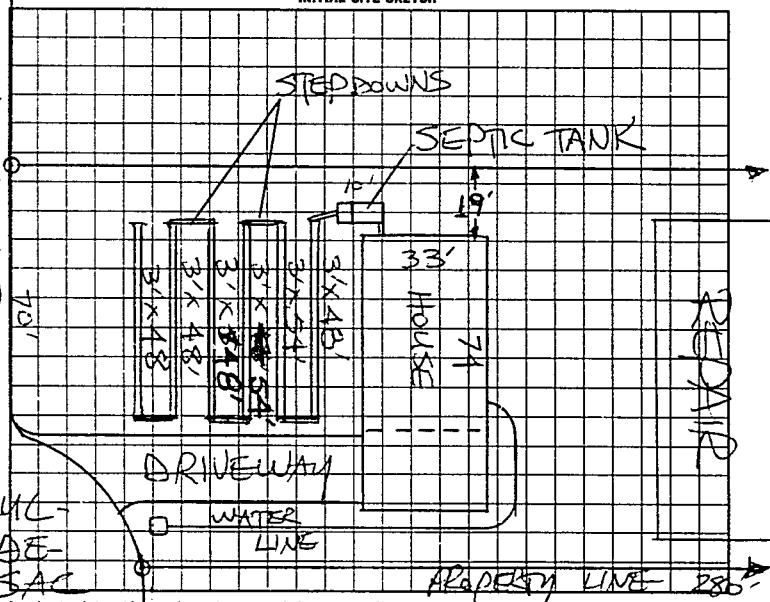
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: (1) INSTALL 50 CHAMBERS IN SIX LINES AS SHOWN (2) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 10' FROM WATER LINE.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

SUL-DE-SAC

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Kenneth A Watt

Improvement Permit by: STEVE HEDRICK date 8-24-95

Existing System Inspection by: _____ date _____

Installed by: DAVID YOUNTZ

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

Operation Permit by: STEVE HEDRICK date 12-5-95

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

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