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. 070430 DATE 11-14-97 TAX MAP NO. 4726 92 5064 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR KENNETH A. WATT PHONE: Business 838-5236 Home 876-0047

ADDRESS 129 BECKHAM ROAD STATESVILLE, NC 28625

LOCATION NC 115 N TL SCOTTS CREEK RD, TL ETHEL LANE, TR D.J. DRIVE, 2ND LOT ON RIGHT

SUBDIVISION WOODROSE' BLOCK / SECTION ____ LOT 77' LOT AREA 20,315.90 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-12-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines SIX 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: CHAMBERED 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

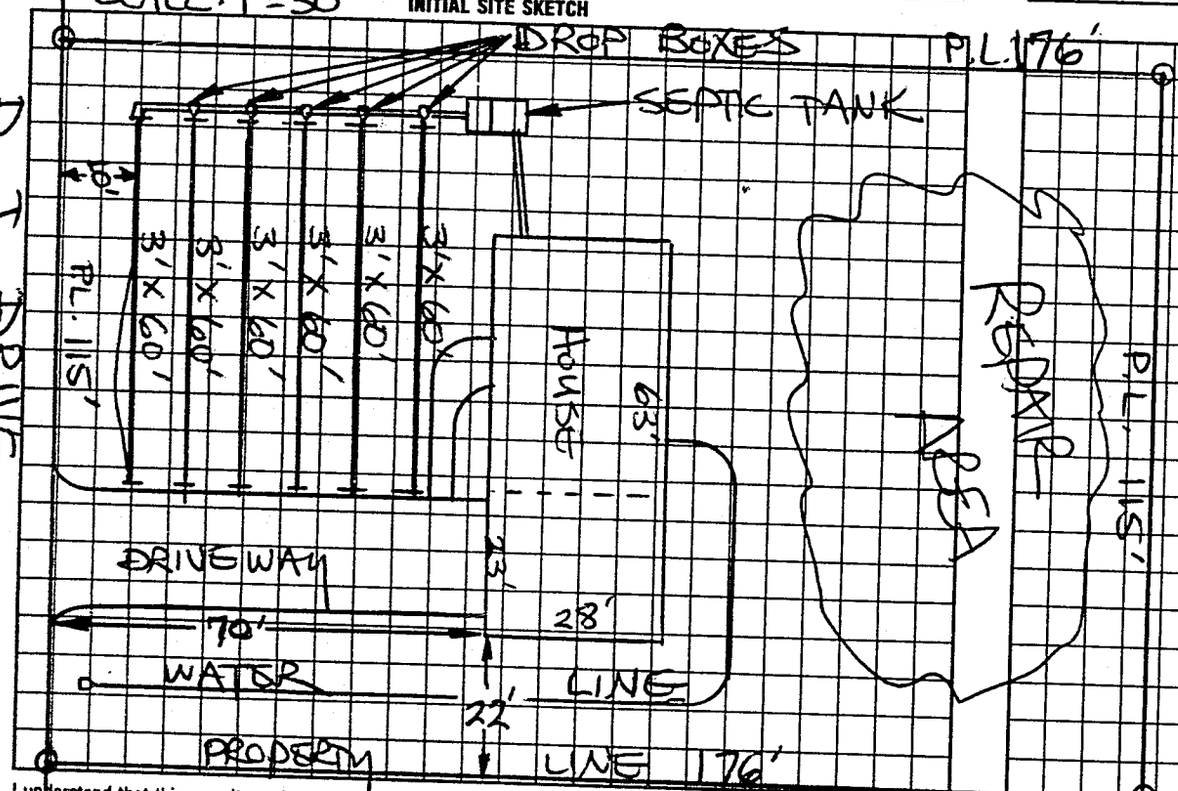
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS.

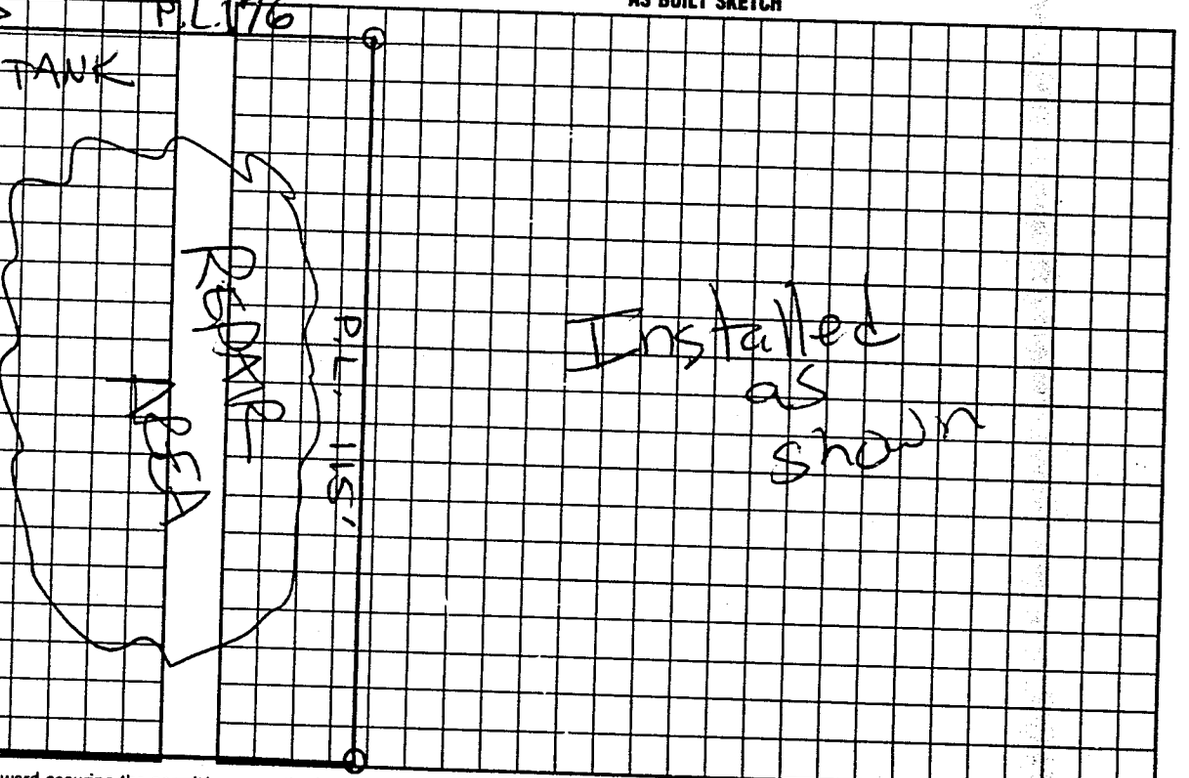
Comments:

SCALE! 1"=30'

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. Improvement Permit is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Kenneth Watt

Improvement Permit by: STEVE HENDRICK date 11-14-97

AUTH. TO CONST.

Existing System Inspection by: STEVE HENDRICK date 11-14-97

Installed by: David Yantz

~~Certificate of Completion~~ by: ____ date ____

Operation Permit by: Mark C Ontz RS date 12-1-98

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