IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# LL0587 PIN# 4728-07-7711 DATE 2-7-03

OWNER OR CONTRACTOR KENNETH WATT PHONE: Business 704-876-0047 Home 704-902-4495

ADDRESS 178 BARRINGER DRIVE, STATESVILLE NC 28625

LOCATION NC 115 N, TL PISGAH CH. RD, TR BARRINGER DRIVE, LOT AT END ON RIGHT

SUBDIVISION BARRINGTON EST. BLOCK / SECTION ____ LOT 11 LOT AREA 1.028 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-25-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 200
No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

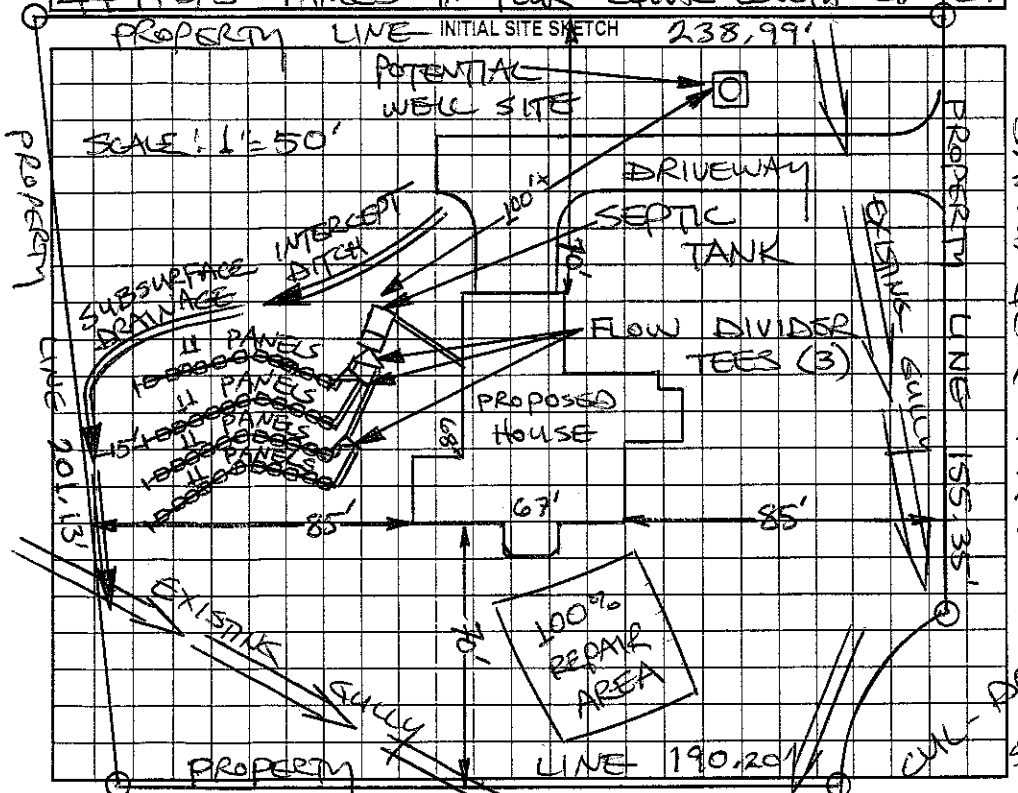
☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 50% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☐ Crawl Space ☑ PARTIAL ☑ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

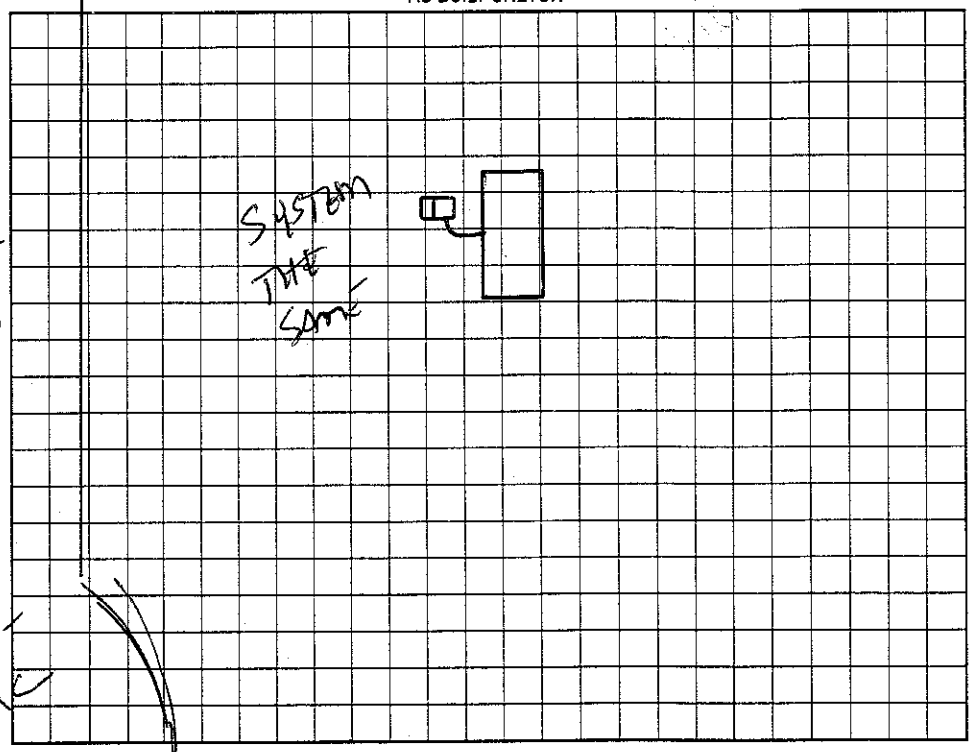
Comments/Conditions: ① INSTL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 48" DEEP, AROUND SYSTEM, THEN OUT TO DAYLIGHT ② INSTALL 50% REDUCTION SYSTEM USING 44 PPBAS PANELS IN FOUR EQUAL LENGTH LINES.

INITIAL SITE SKETCH



Comments/Conditions: TUFFTITE FILTER & MARKER

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 ____ Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HENDRICK date 2-7-03 Operation Permit by: [signature] date 3-21-03

Authorization to Construct by: STEVE HENDRICK date 2-7-03 Existing System Inspection by: ____ date ____

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