12/01

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# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139214 PIN# 4735399038 DATE 12/1/06

OWNER OR APPLICANT Kenneth A. Watt PHONE: Business 704 876 0047 Home

ADDRESS 165 Canopy Oak Ln

LOCATION 115N, (R) on Sullivan Farm (L) Chipley Ford (L) on Canopy Oak

SUBDIVISION Meadow Oaks II BLOCK / SECTION II LOT 109 LOT AREA 1.718 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 10-6-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction 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

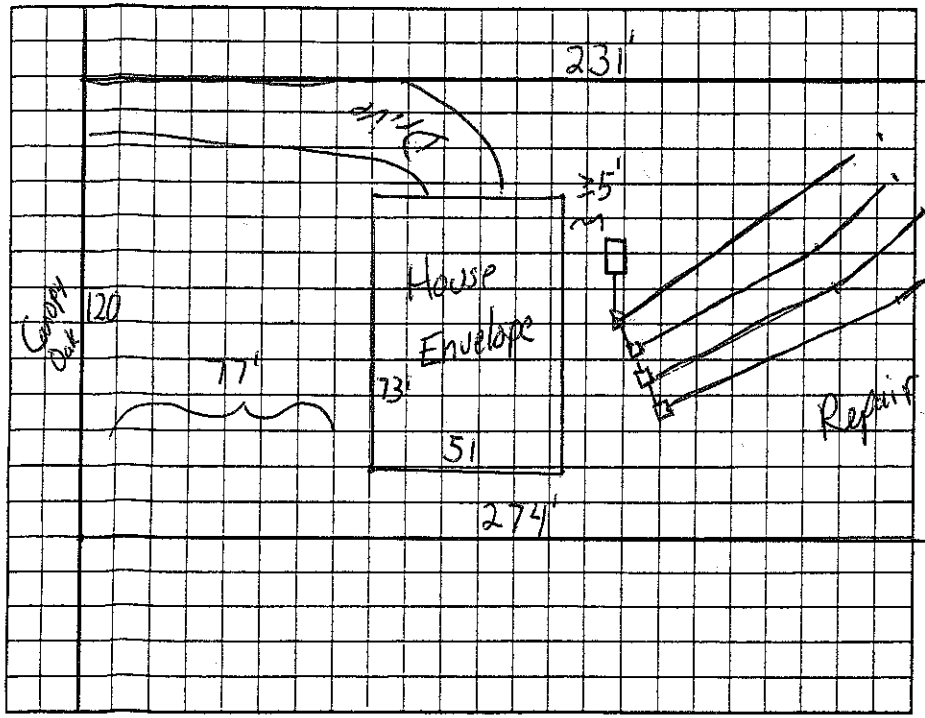
Gravel Depth n/a ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

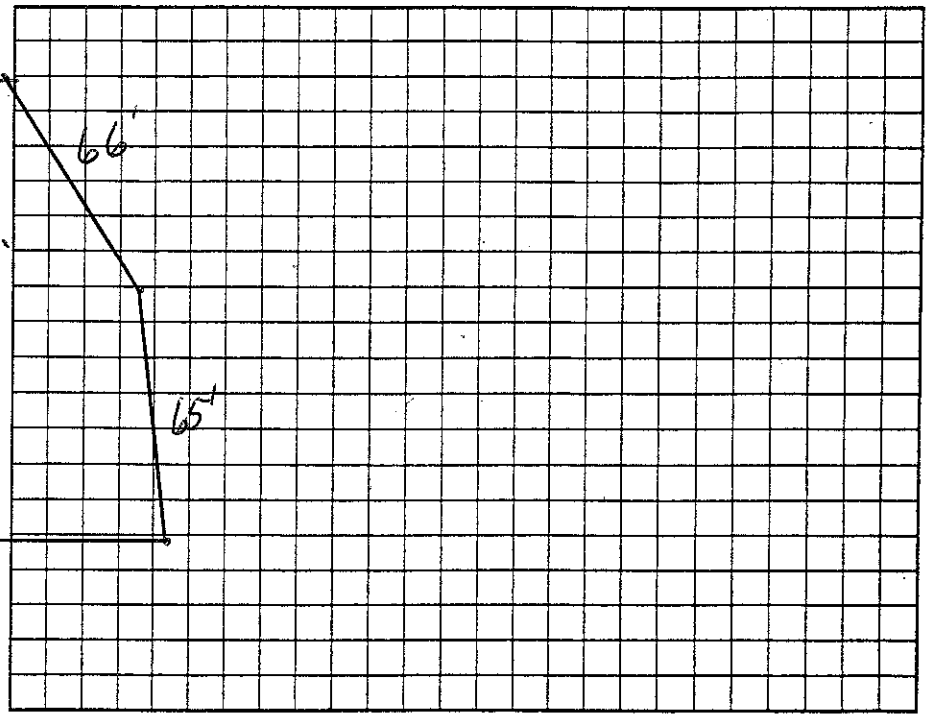
(4) drop boxes
(4) 3' x 75' lines

Comments:/Conditions:

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 A Watt date 12-1-06

Improvement Permit by: James Thomas date 12/1/06

Authorization to Construct by: James Thomas date 12/1/06

Installed by: Yount Construction

Operation Permit by: James Thomas date 4-13-07

Existing System Inspection by: date

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

