IREDELL COUNTY HEALTH DEPARTMENT

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

11:00 56339

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

PROPERTY DESCRIPTION NO. 21194 DATE 6/7/95 TAX MAP NO. 13E-L-A-65 Watershed: ☐ Yes ☑ No WS IV PA

OWNER OR CONTRACTOR THOMAS BEATTY PHONE: Business 873-9511 Home 871-6947

ADDRESS P.O. BOX 5099, STVL, NC 28677

LOCATION NC 115 N, TR BAILEY FARM RD, TR RIVER RUN RD, TR BRAMBLEWOOD DR, 2ND LOT ON LEFT

SUBDIVISION RIVER RUN BLOCK / SECTION II LOT 65 LOT AREA 114' X 174' SITE CLASS. PS DESIGN FLOW 360' L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

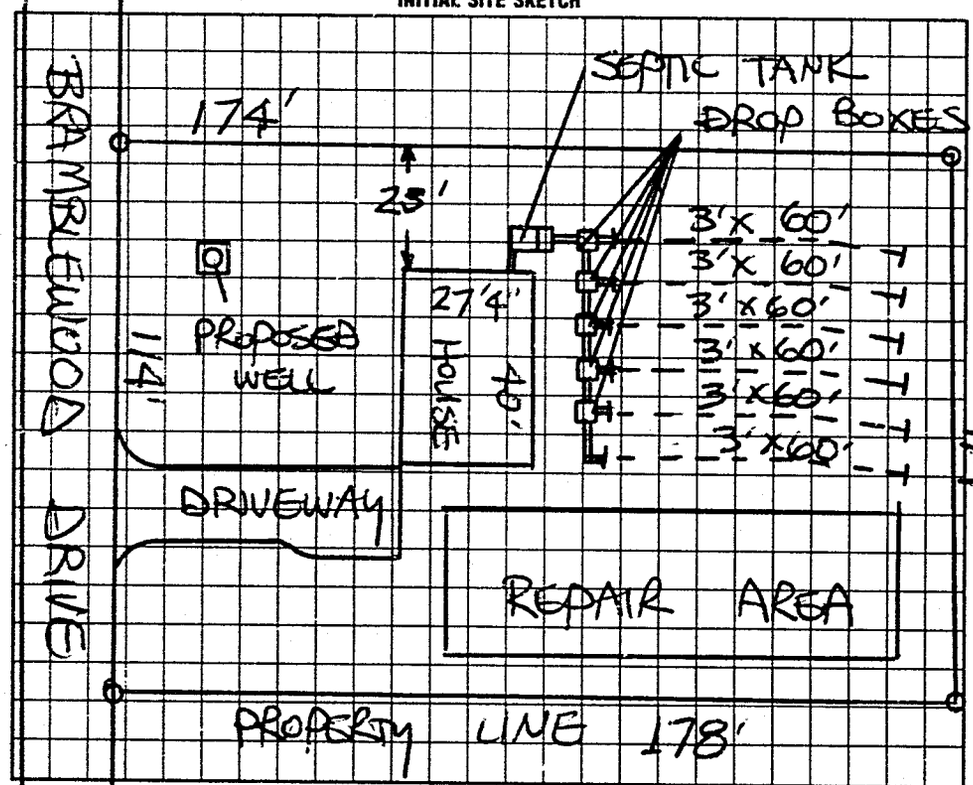
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

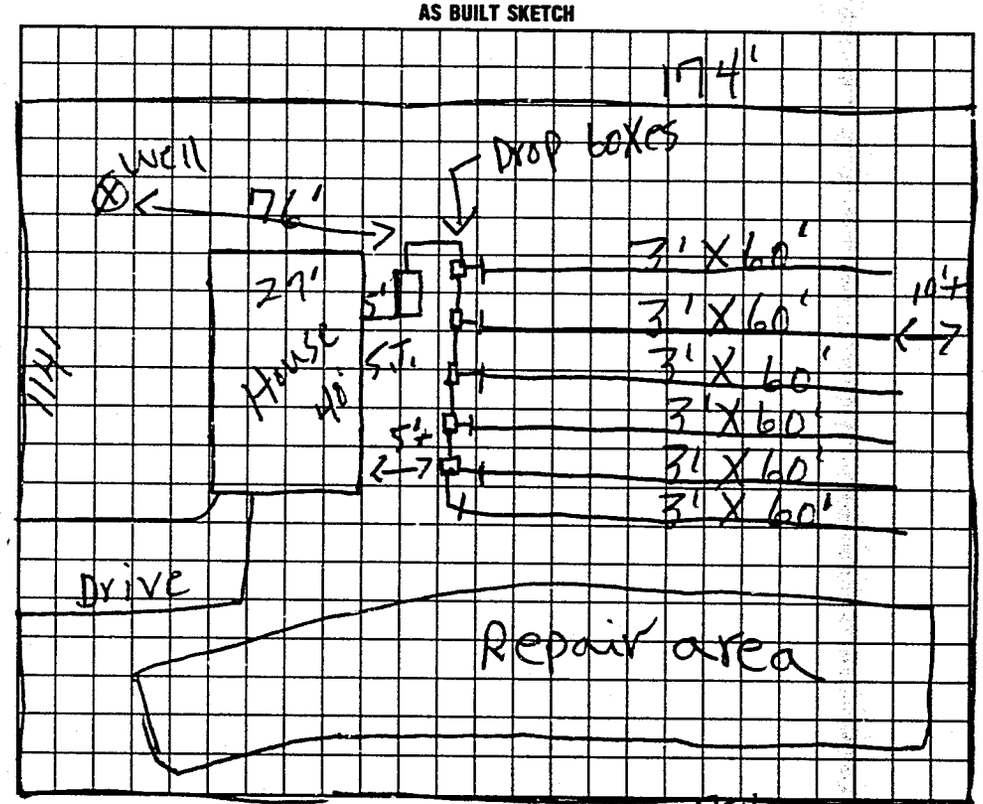
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE 50' OR MORE FROM WELL ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' ON CENTERS.

Comments:

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.

Signed: Thomas Beatty

Improvement Permit by: STEVE HEDRICK date 6/7/95

Existing System Inspection by: ____ date ____

Installed by: Tommy Frye

Certificate of Completion by: J.C. Moore date 8-15-95

Operation Permit by: ____ date ____

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