Site address: 113 Beedie Lane,

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 214337

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

PIN # 4760152 792

APPLICANT: Kathleen Mayo/Jennifer Edwards APPLICANT ADDRESS: P.O. Box 5303 Statesville, NC

mailing SITE ADDRESS: 512 Weathers Creek Rd Troutman, NC PHONE: 7048789953 ALT. PHONE: 704 402 6854

SITE DIRECTIONS: Hwy 115/US 21 N TR Shinnville Rd TL Weathers Creek Cross Creek on left just past Hubie

SUBDIVISION: Country View Estates SECTION: 3 LOT # 17 LOT AREA: .76 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Exist Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 @ 100' Linear Ft: 300ft

Exist Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Exist. Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms ~~3~~ 2 No. Persons ~~6~~ 4 No. Employees ☒ Crawl Space

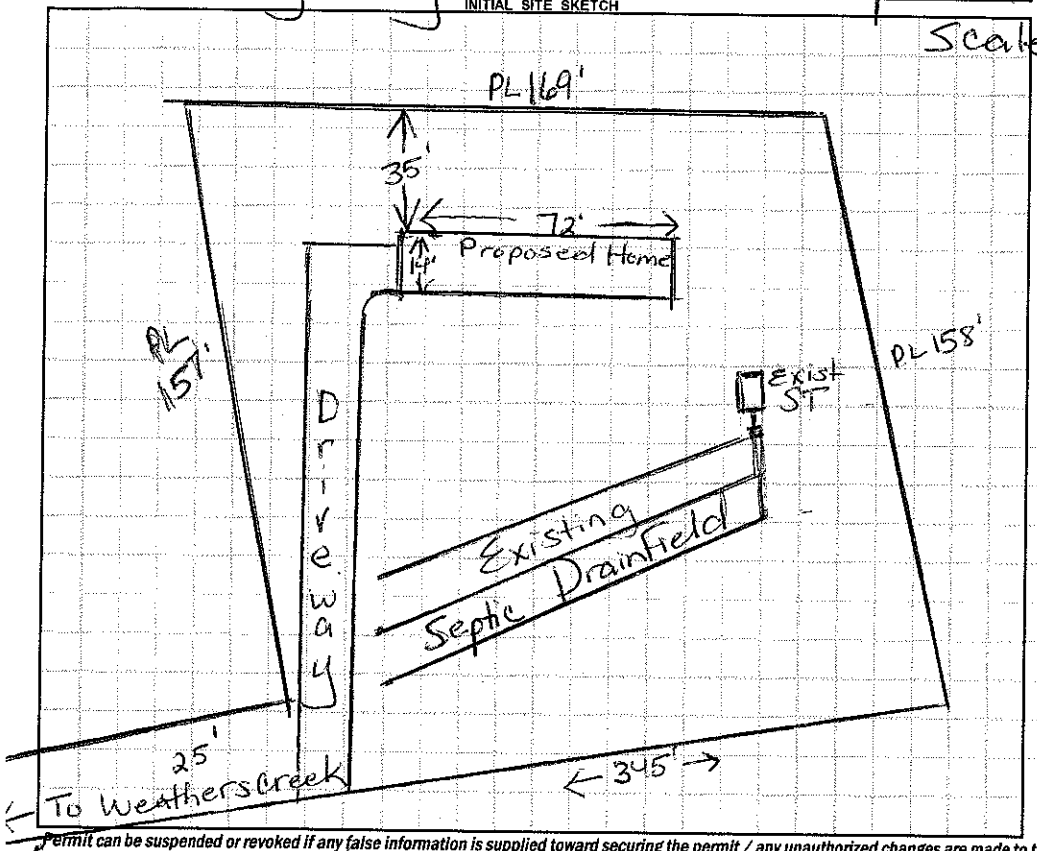
☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Must keep proposed home at least 5ft from Septic System. Existing Septic System appears to be functioning Okay at time of inspection

* Septic System sized for 3 Bedrooms, proposed home is only 2 Bedrooms

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. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☐ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Mayo Date: 11/13/15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria H Dotson RS Date: 11/9/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK