IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136664 PIN# 4761-28-2883 DATE 07/18/06

OWNER OR APPLICANT J.M. WORKSMAN & CO. PHONE: Business 704-622-3996 ~~Home~~ 704-655-9543

ADDRESS 452 S. MAIN ST. STE 130 DAVIDSON, NC 28036

LOCATION I-77 S., (L) AMITY HILL RD., (L) OSWALT AMITY RD., (L) BETHESDA RD., (L) REUBEN DR., (L) JEREMY LN., LOT ON RIGHT @ BOX #162,

SUBDIVISION BEECHWOOD EST. BLOCK / SECTION II LOT 43 LOT AREA 0.528 Ac. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/Ft²

Septic Tank: 1,000 Gallons; STB ____ Date 02/14/06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300'
No Lines 4@75' 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% REDUC, GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

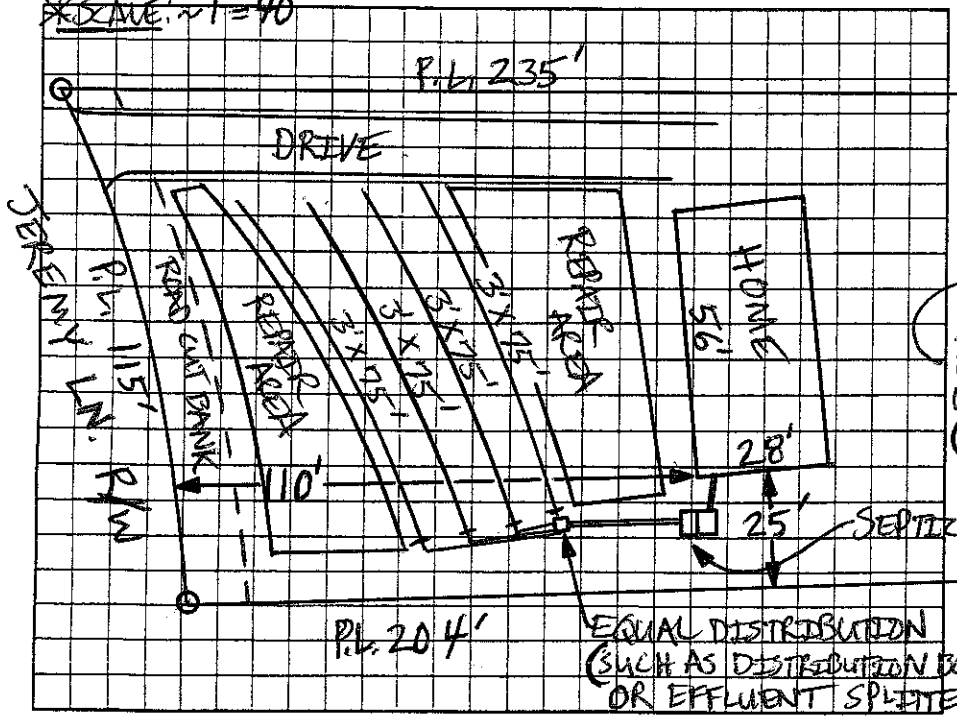
Water Supply: ☒ Individual WELL ☐ Public ☐ Community

Comments:/Conditions:

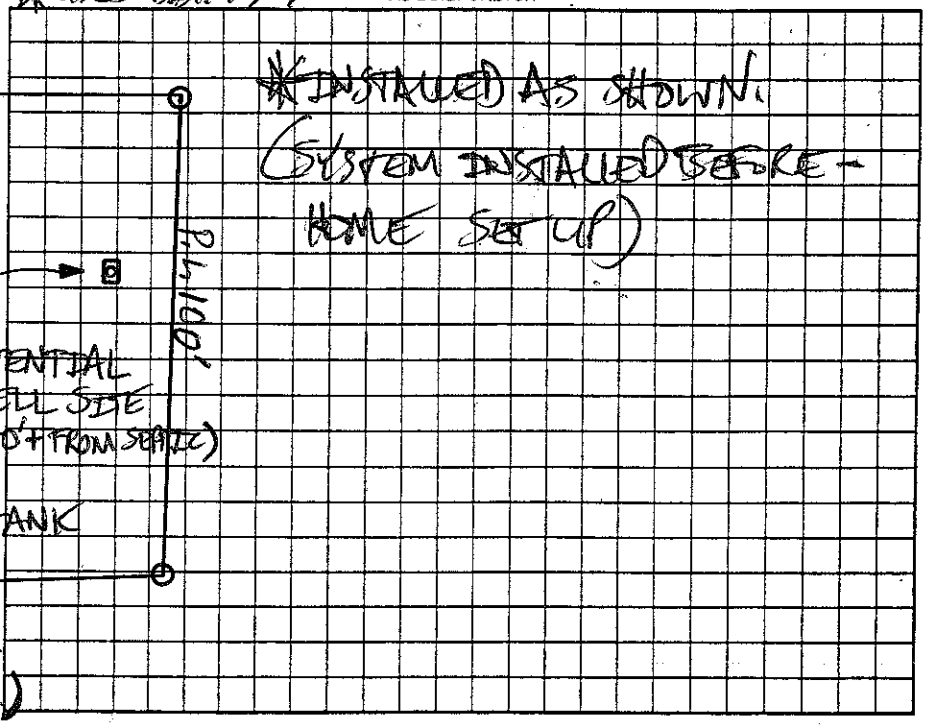
Comments:/Conditions:

*USED YELLOW TUFF TIGHT FILTER IN TANK.
*(USED) CHAMBER 25% REDUC. SYSTEM
*USED DIST. BOX.

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: [signature] date 7/18/06 Installed by: A-1 BACKHOE

Improvement Permit by: [signature] date 07/18/06 Operation Permit by: [signature] date 07/20/06

Authorization to Construct by: [signature] date 07/18/06 Existing System Inspection by: ____ date ____

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