IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 78457 PIN# 4763043699 DATE 1-6-99

OWNER OR CONTRACTOR Richard Walker PHONE: Business _____ Home _____

ADDRESS 129 Beaverbrook Rd

LOCATION 70E TR 01 Warren Rd 6esite Waysite School 1st Home Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT 12-27-99 LOT AREA 1.08 acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 620 Date ~~2-10-99~~

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv Gravity

Repair System Description: 25% Red

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

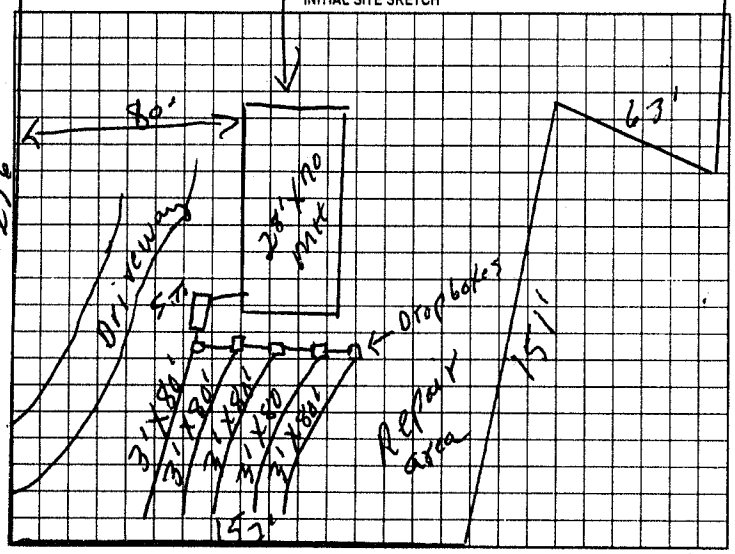
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Prop Dwelling Well 40'

Comments/Conditions: Well Not on site at Time of This inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

100

Same as initial 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: X Omaha Walker date _____

Improvement Permit by: J. C. Moore date 1-6-99

Authorization to Construct by: J. C. Moore date 1-6-99

Installed by: Sammy Reavis

Operation Permit by: J. C. Moore date 2-10-99

Existing System Inspection by: _____ date _____

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