CI

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 03-11-02

PERMIT# 104921 PIN# 4766-74-8241

OWNER OR CONTRACTOR KENNETH WATT PHONE: Business 704-902-4495 Home 704-876-0647

ADDRESS 129 BECKHAM RD STATESVILLE NC 28625

LOCATION HWY 64 E, (L) OLD MOORESVILLE, (R) CHESTNUT, (L) 2ND 7 SPRINGS LOOP LOT 12 ON LEFT

SUBDIVISION 7 SPRINGS BLOCK / SECTION ____ LOT 12 LOT AREA 0.7748 AC SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .135

Septic Tank: 1000 Gallons: STB 1012 Date 4-13-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 342'
No Lines 4X86' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: (I) II. III. IV. V. VI
System Description: CONV GRAV
Repair System Description: EFAY/PUMP 25% RED
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

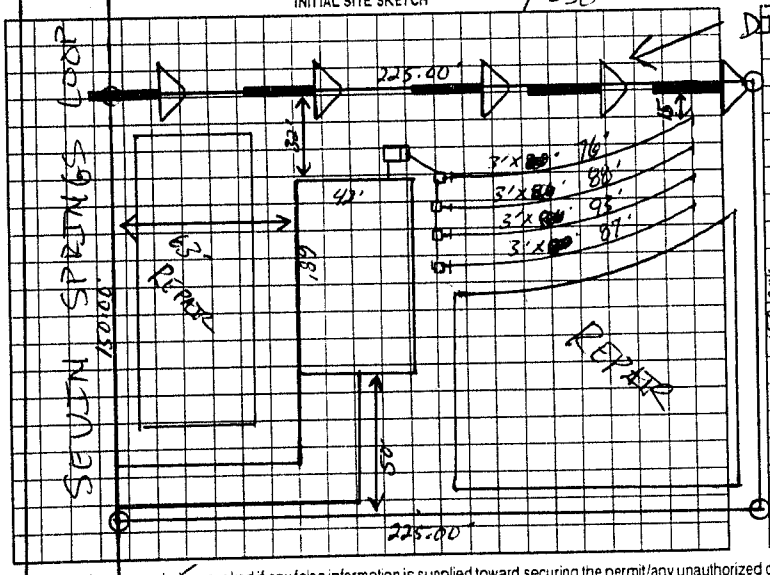
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual X Public ☐ Community

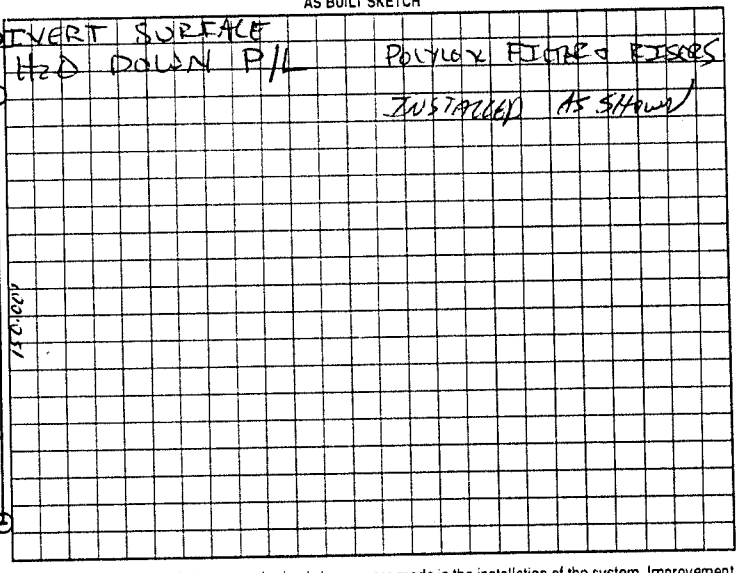
Comments/Conditions: (1) REGRADE LOT CONTOURS AS DRAWN (SHOT LINES & BEGINNING & END IS AT SAME ELEVATION. CENTER HAS RISE DUE TO OLD FIELD PLOWING ERA. (2) MAY BE LESS THAN 24" ELEVATION AFTER GRADING

Comments/Conditions: & CONTOURS MAY CHANGE. CALL LORNE COOK IF THIS HAPPENS. (3) MAY USE DISTRIBUTION BOXES & SPEED LEVELER IN EACH RUN BECAUSE OF FLAT LOT.

INITIAL SITE SKETCH 1"=50'




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 Watt date ____ Installed by: DAVID YOUNG

Improvement Permit by: L. Cook RS date 03-11-02 Operation Permit by: L. Cook RS date 07-01-02

Authorization to Construct by: L. Cook RS date 03-11-02 Existing System Inspection by: ____ date ____

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