IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19024 PIN# 4756803612 30115 DATE 2-27-07

OWNER OR APPLICANT KH Watt Construction PHONE: Business _____ Home 704 902 4495

ADDRESS 129 Beckham Rd Statesville NC 28625

LOCATION Old Mocksville Rd to Chestnut Rd 2nd Spring lot on left

SUBDIVISION 1-Spring BLOCK / SECTION II LOT 20 LOT AREA 1.0 SITE CLASS. 23 DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 1012 Date 7-1-05

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth Min ☐ Gravity ☐ Pressure

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

System Description: 2520 Conventional

Repair System Description: Low Pressure Pipe

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

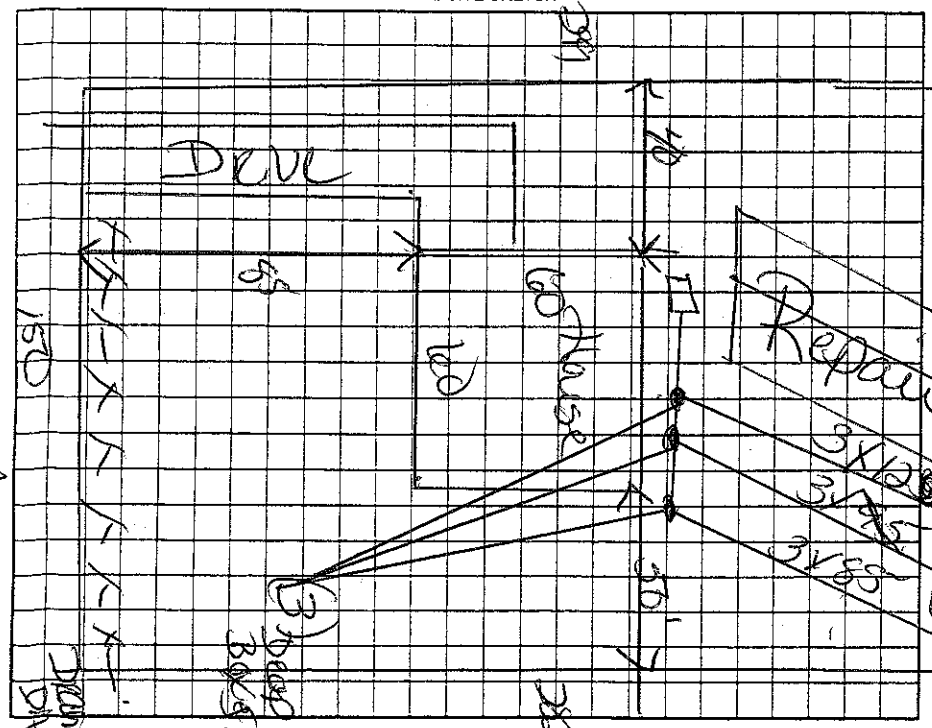
Comments:/Conditions:

Shave Terrace Rock.

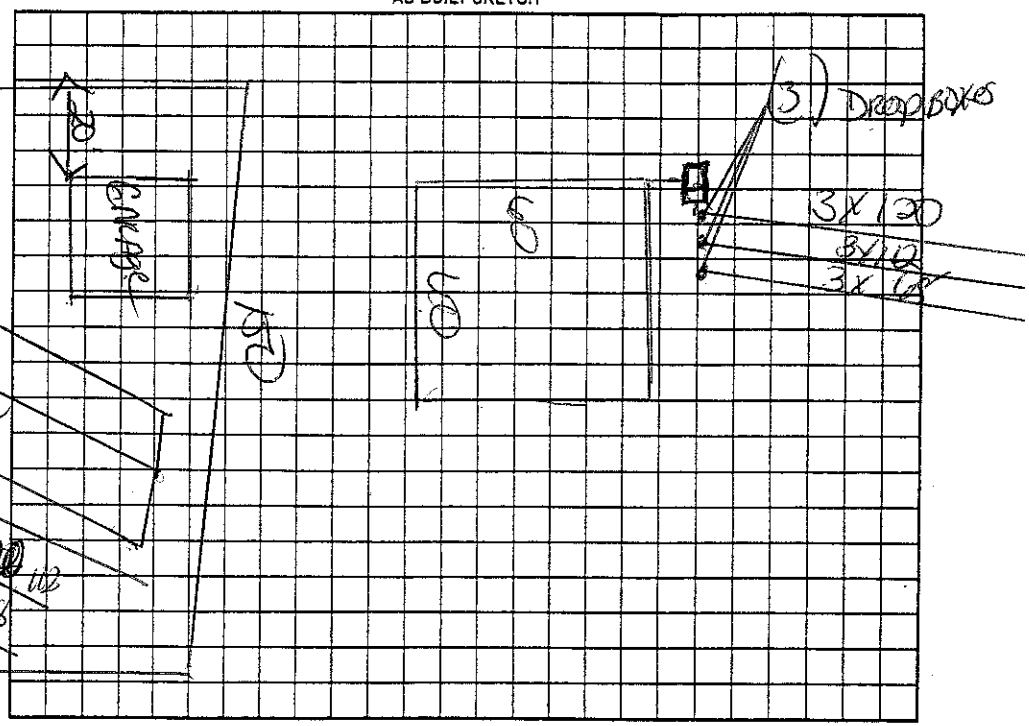
Comments:/Conditions:

& Install an Geotex Fabric Maintain all setbacks Yellow Top Tube Septic marker

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: Kenneth A Watt date 2-27-07

Improvement Permit by: Kelly Cook date 2-27-07

Authorization to Construct by: Kelly Cook date 2-27-07

Installed by: DAVID Yountz

Operation Permit by: Kelly Cook date 7-3-07

Existing System Inspection by: _____ date _____

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

1-Spring Lot