IREDELL COUNTY HEALTH DEPARTMENT

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

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

(1)

PERMIT# 132723 PIN# 4775 11 1154 DATE 1/10/06

OWNER OR APPLICANT Kenneth Watt PHONE: Business 704 902 4495 Home

ADDRESS 129 Beckam RD Statesville, NC 28625

LOCATION ● 64 E ⓐ New Salem RD ⓑ Lynngayle DR ⓒ Lot corner of Lynngayle and Verna 123 Verna DR

SUBDIVISION Camp Bell Glenn BLOCK / SECTION 2 LOT 16 LOT AREA .73 acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 01/20/06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet sq 1440 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

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

System Description: 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

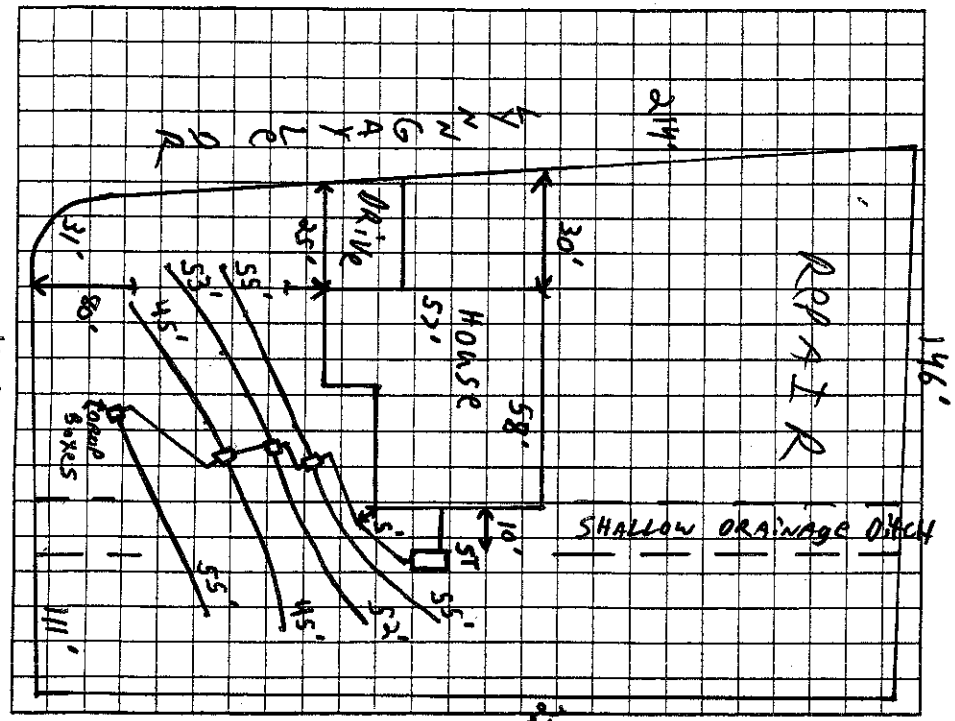
Water Supply: ☐ Individual ☒ Public ☐ Community

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

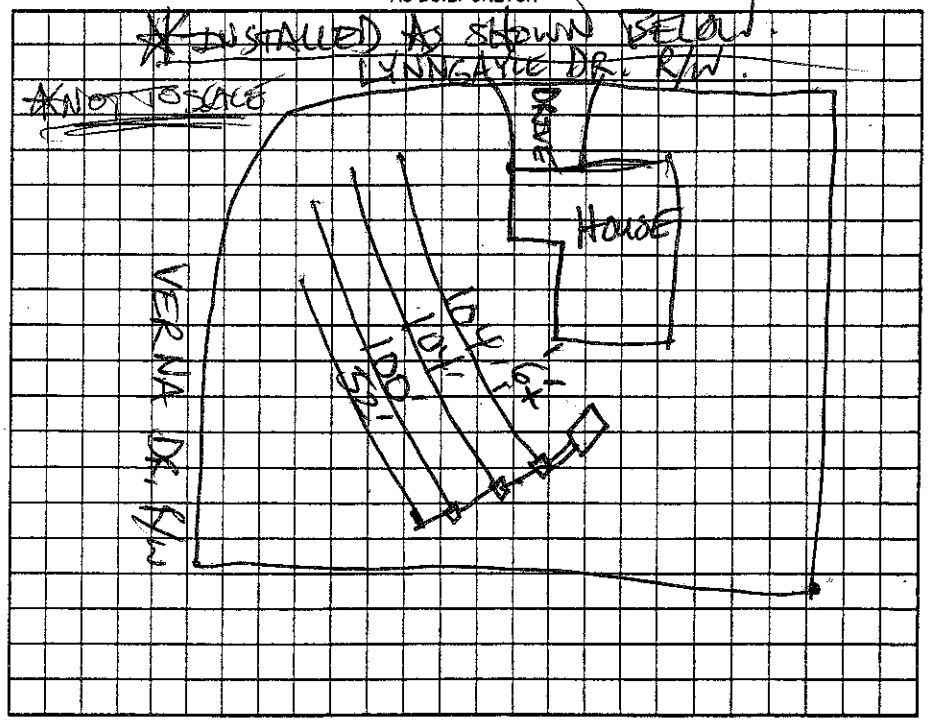
Comments/Conditions: INSTALL ON CONTOUR, MAINTAIN SETBACKS. FILL IN SHALLOW DRAINAGE DITCH AND GRADE TO DIVERT SURFACE WATER FLOW AWAY FROM DRAINFIELD. SCALE: 1" = 50'

Comments/Conditions: *(USED TUFF TITE FILTER

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 Watt date 1-17-06 Installed by: DAVID YOUNTZ

Improvement Permit by: [signature] date 1/10/06 Operation Permit by: [signature] date 07/14/06

Authorization to Construct by: [signature] date 1/10/06 Existing System Inspection by: ____ date ____

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