IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 40707 PIN# 4776794569 DATE 3-1-07

OWNER OR APPLICANT Harold Beatty PHONE: Business _____ Home 704-878-6985

ADDRESS 132 Country Hill Lane Statesville NC 28625

LOCATION _____

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4+/- Ac SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1000 Date 4-11-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields _____ Square Feet 1440 Linear Feet 360
No Lines 6 Trench Width 36"1 Max Trench Bottom Depth 30" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI
System Description: 25% GRAVITY
Repair System Description: 25% Gravity
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Gravity ☐ Pressure

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

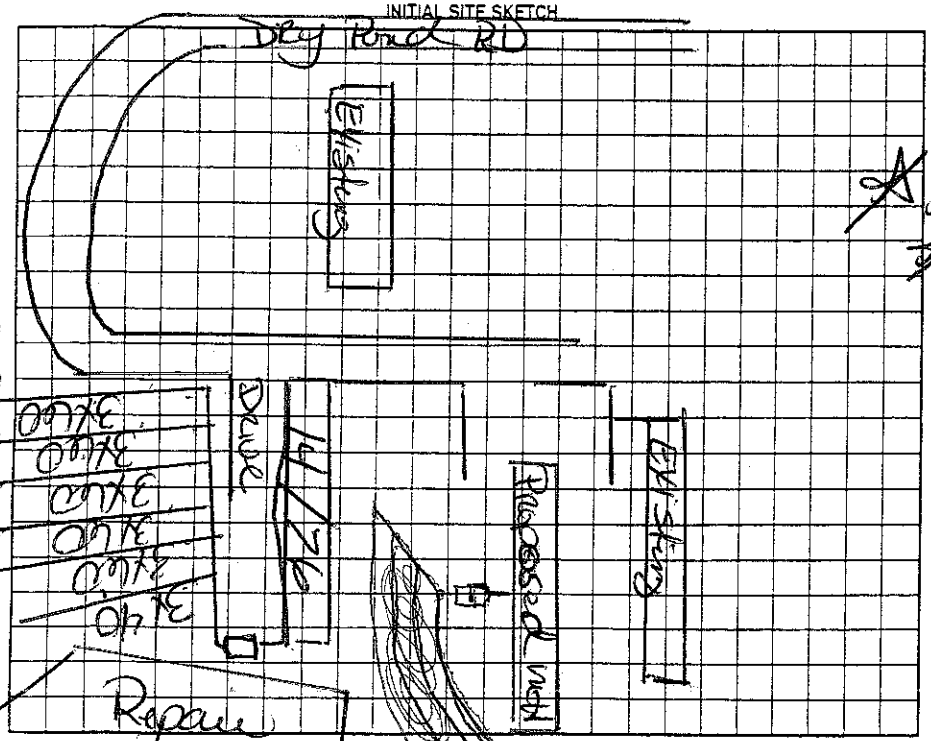
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:
Install on Contour
Maintain all setbacks

Comments:/Conditions:
30" Trench Bottom
*Maintain 20' Off of Existing System
*NOT to scale
*End cap to end up distribution
yellow Jkt tile
Septic tank 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: Harold Beatty date _____
Improvement Permit by: Kelly Cook date 3-1-07
Authorization to Construct by: Kelly Cook date 31-07

Installed by: Tommy Fry
Operation Permit by: Kelly Cook date 3-27-07
Existing System Inspection by: _____ date _____

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