**IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH*** ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 172031 PIN # 4830540823 DATE 5-7-12

OWNER Craig and Michelle Bess APPLICANT: PHONE: Home/Cell # 704 876 3606 Business # 704-657-2695

SITE ADDRESS 495 Bess OWNER / APPLICANT ADDRESS 443 Bess Rd.

SITE DIRECTIONS 115 N (R) on Ham's Grove, Go to end (R) on North Chipley Ford, 1 mile, (L) on Bess, 1 mile on (L)

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 7.993 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 760 Date 3-27-11
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines 3 Linear Feet 300
Trench Width 36 Max. Trepeh Bottom Depth 36" Gravel Depth n/a

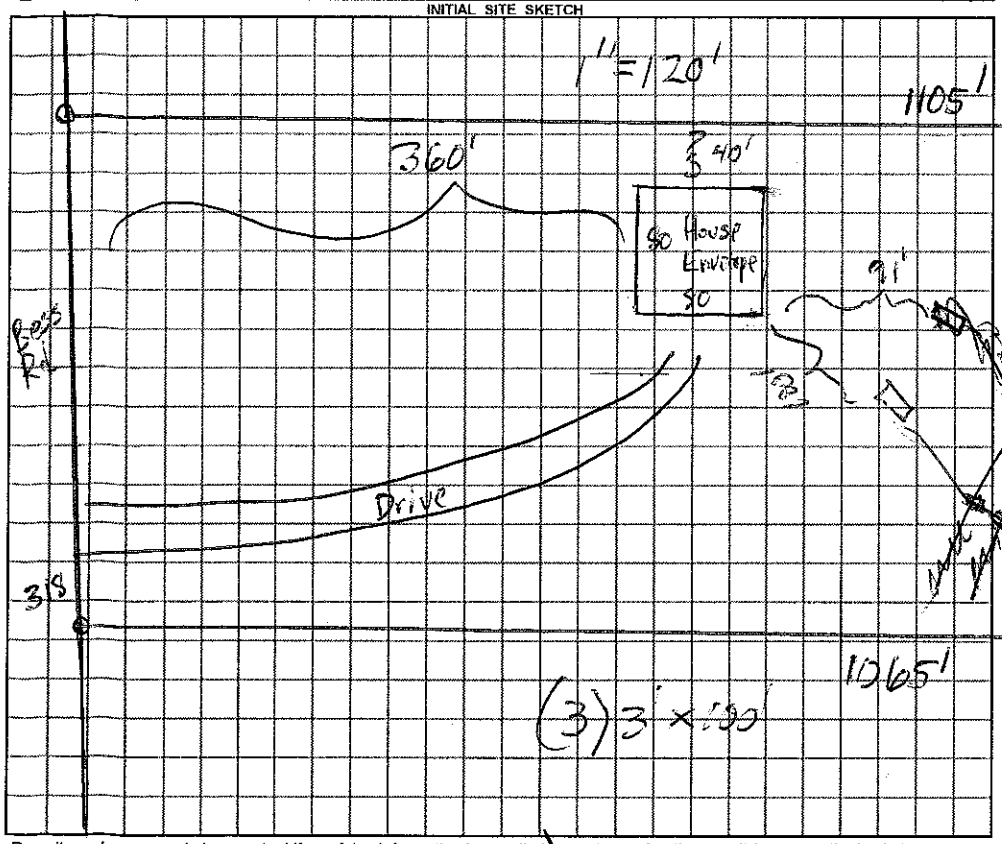
☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction Gravity
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

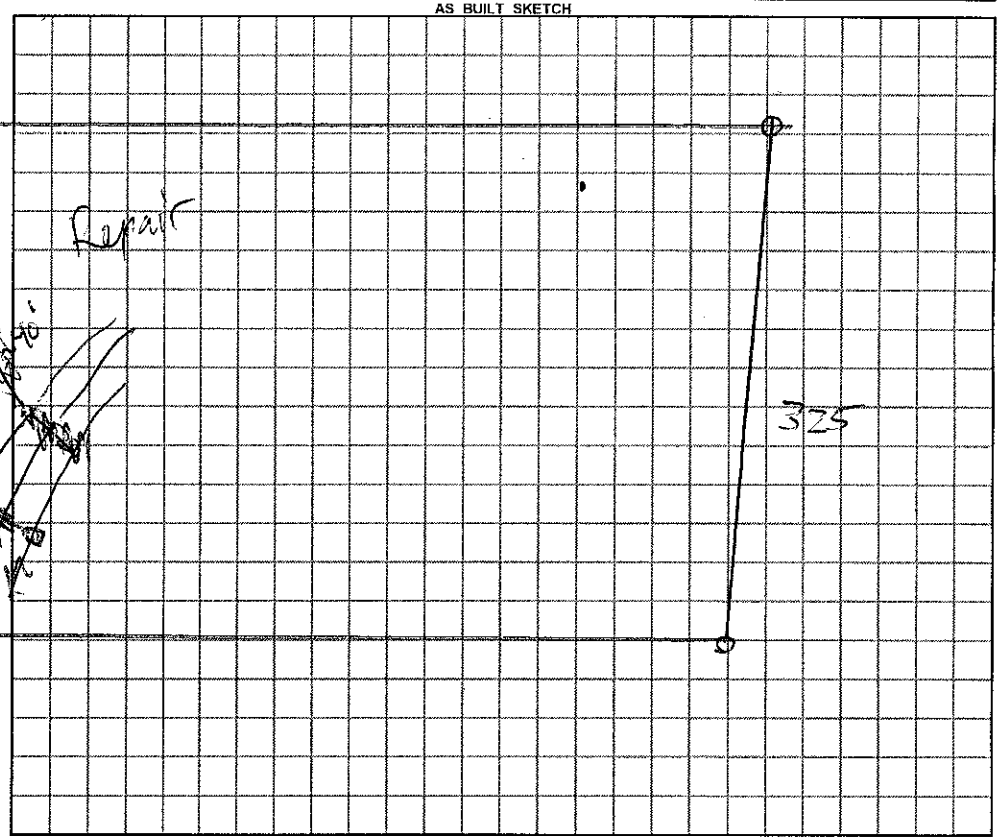
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

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 plat valid without expiration. site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: D. Bess Date 5-8-12 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: ____ REHS Date 5-7-12 OPERATION PERMIT by: ____ REHS Date 9-12-12

AUTHORIZATION TO CONSTRUCT by: ____ REHS Date 5-9-12 Existing System Inspected by: ____ REHS Date ____

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION***

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant