[illegible] 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 # 173325 PIN # 4830-64[illegible]3 - 0563 DATE JULY 11, 2012

OWNER ALAN DALE BESS APPLICANT: MATTHEW DAVIS PHONE: Home/Cell # (704) 902-5322 Business #

SITE ADDRESS 490 BESS ROAD OWNER/APPLICANT ADDRESS 127 STRAWBERRY LANE, STATESVILLE, NC 28625

SITE DIRECTIONS HWY 115 N, (R) FRIENDSHIP RD, (R) BESS RD, PROPERTY ON (L)

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 31 AC. DESIGN FLOW 360 L.T.A.R. 0.25 GPD

Septic Tank 1000 Gallons: STB 1012 Date 7-2-12
Pump Tank ____ Gallons: PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines 4 Linear Feet 360
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

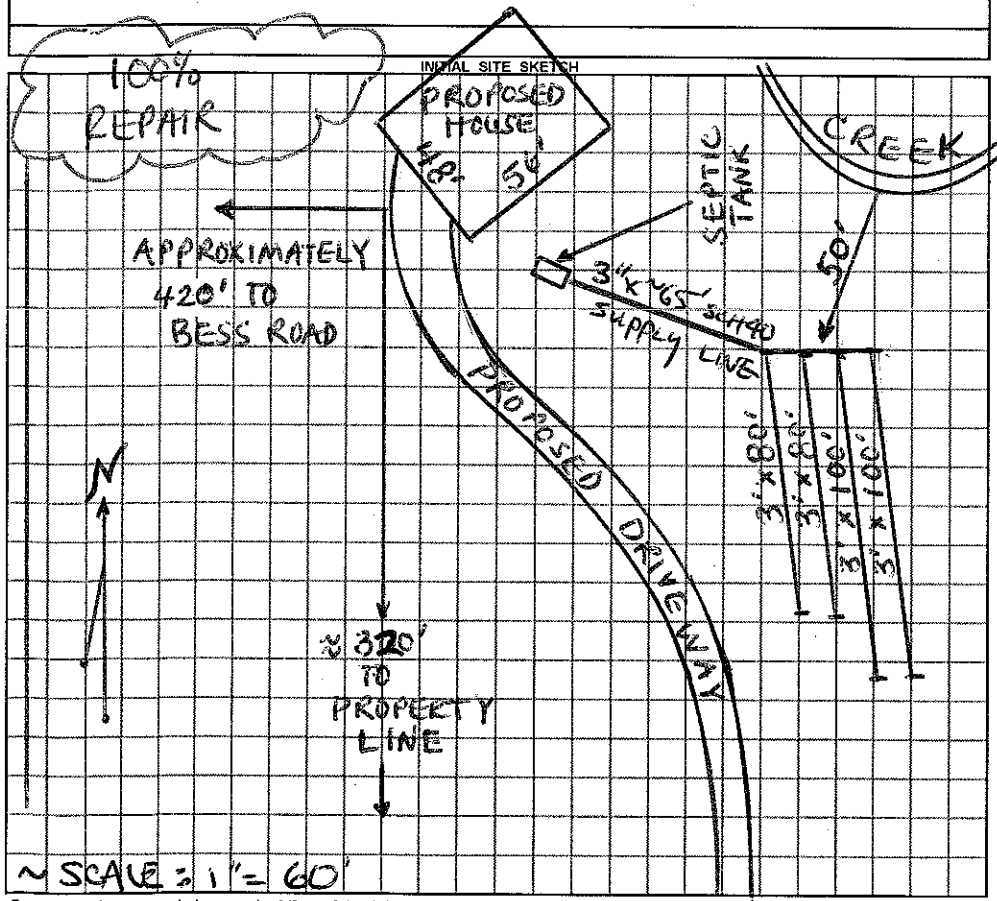
☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: 25% REDUCTION
Repair System Description: ____
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ 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: INSTALL 25% REDUCTION SYSTEM ON CONTOUR USING SERIAL DISTRIBUTION.

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: [signature] Date 7/24/12 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Kimberley Meininger #137 REHS Date 7-11-12 OPERATION PERMIT by: [signature] REHS Date 5-22-13

AUTHORIZATION TO CONSTRUCT by: Kimberley Meininger REHS Date 7-11-12 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