IREDELL COUNTY HEALTH DEPARTMENT

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

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

$50.00 paid 07

PERMIT# 109588 PIN# ~~4624 27 5705 4156~~ 4624489479 DATE 8/15/03

OWNER OR CONTRACTOR Kenneth Bealey Homes PHONE: Business 704-662-6400 Home

ADDRESS PO Box 3398 Mooresville, NC. 28117

LOCATION Cape Cod Way / 1100 Tl Torrence Chapel Tl Shelburne Pl. Tl Cape Cod Way, on (L) at Hyannis Ct.

SUBDIVISION Point BLOCK / SECTION 11 LOT 1156 LOT AREA 39,985 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 2/10/04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100 Trench Width 3 Max Trench Bottom Depth 3' Gravel Depth N/A

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

System Description: GRAVITY - 25% REDUCED

Repair System Description: PRESSURE - 12" PABPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees

☐ Other

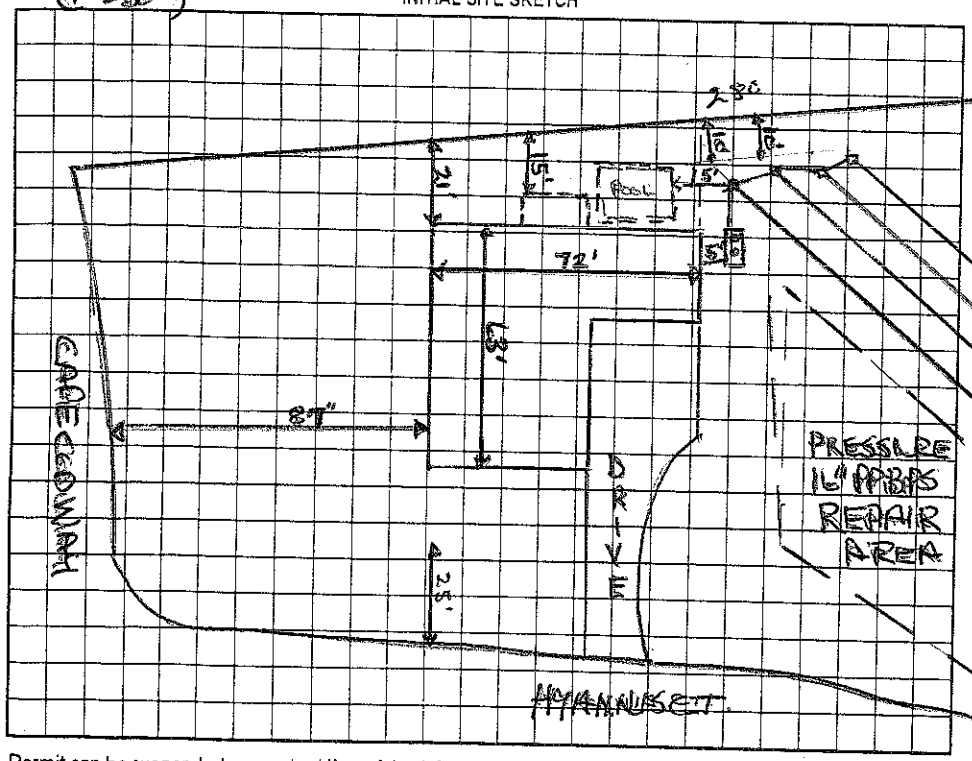
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

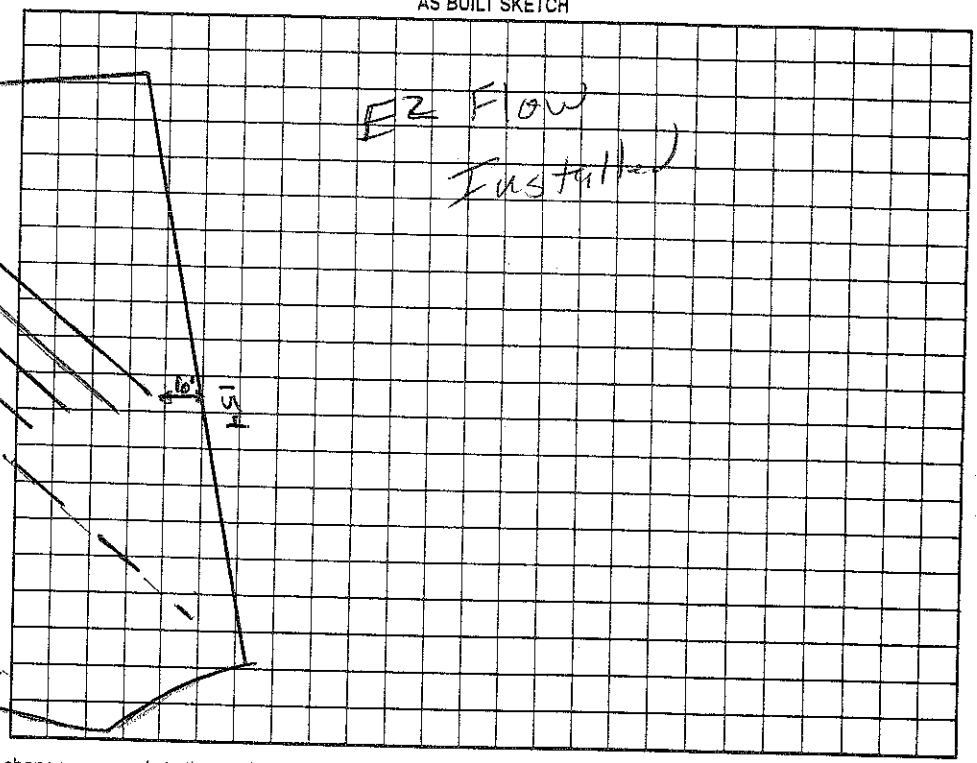
Comments:/Conditions: * This system is a 25% reduced drainfield system. Liner must be installed on contour as drawn.

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 50')



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: ____ date 8/15/03

Improvement Permit by: Wesley Sparks RS. date 8/15/03

Authorization to Construct by: Wesley Sparks RS. date 8/15/03

Installed by: Hall Mem Coast.

Operation Permit by: RS date 3/24/04

Existing System Inspection by: date

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