IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 114656 PIN# 4625 71 7476.21 4625-70-2404 DATE 3/9/05

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

ADDRESS PO Box 3398 Mooresville, NC. 28117

LOCATION 1100 TL New Haven Ct. in Circle on (R)

SUBDIVISION Point BLOCK / SECTION 12 LOT 1221 LOT AREA 39591 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 10/19/05
Pump Tank: 1500 Gallons; PT 477 Date 11/19/05
Pump Make: Goulds Model WE07212HH Serial No.
Nitrification Field: No Fields 1 Square Feet 1680 Linear Feet 560
No Lines 7@80' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pres Man → 25% Reduced
Repair System Description: 25% Reduced
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

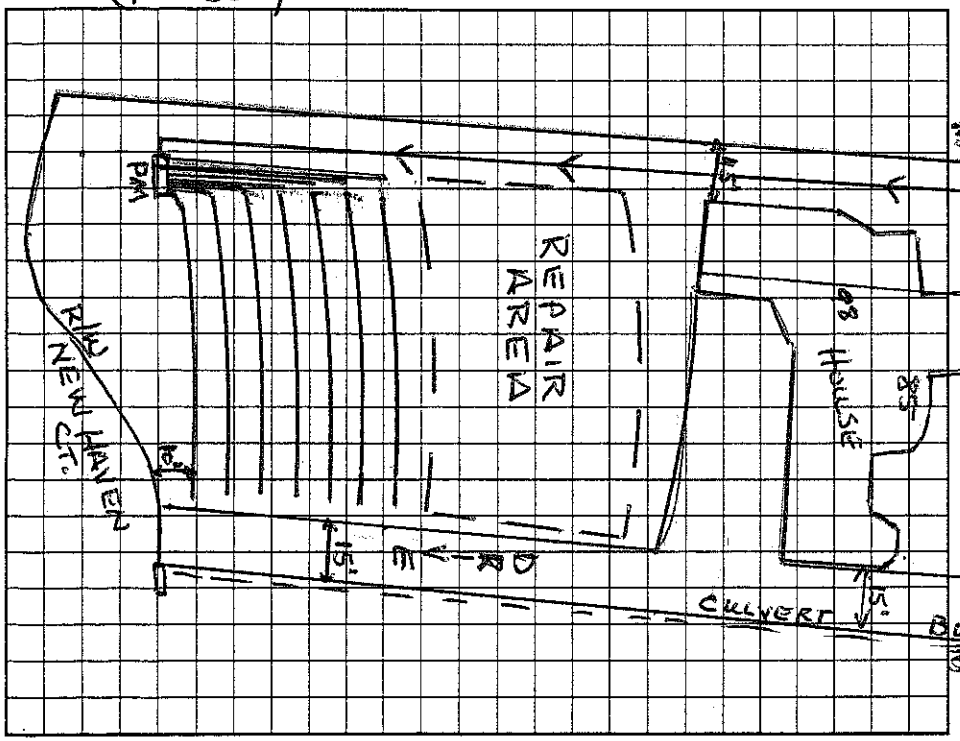
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Lot is heavily graded, Repair System will have to be 16" PPBPS

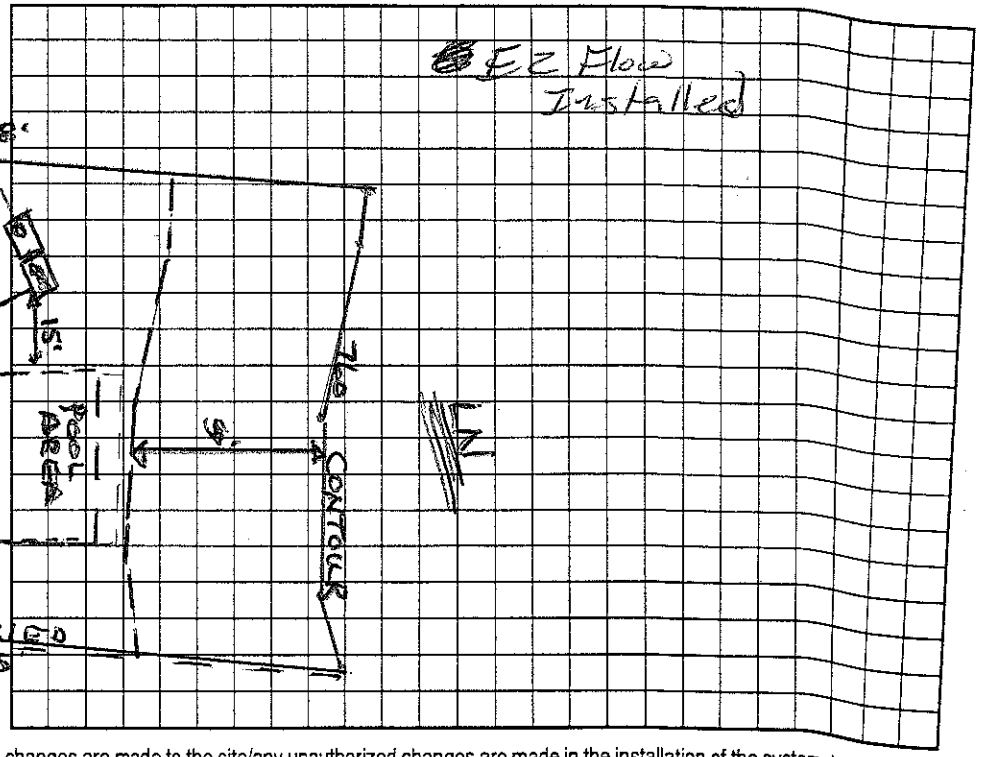
Comments:/Conditions:

(1" = 50')

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: [signature] date 3/10/05 Installed by: Hallmon Const

Improvement Permit by: Wesley Sparks R.S. date 3/9/05 Operation Permit by: Wesley Sparks R.S. date 1/27/06

Authorization to Construct by: Wesley Sparks R.S. date 3/9/05 Existing System Inspection by: date

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