IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 325.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# N/A PIN# 4626-98-5816 DATE 11/29/01

OWNER OR CONTRACTOR David Mullaney PHONE: Business Hunter - 704-896-5743 Home

ADDRESS PO Box 31 Mt Mourne NC. 28123

LOCATION 1100 TR Beech Tree Rd. TR Shetland Place to end of road

SUBDIVISION C L + T BLOCK / SECTION 8 LOT 539 LOT AREA ~.87 Ac SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB 1012 Date 6/30/01
Pump Tank: 1500 Gallons; PT 17 Date 3/11/02
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210
No Lines 3 @ 70' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

X New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: 16" PPBPS ADDITION
Repair System Description: _____
Maintenance Agreement Required: X Yes ☐ No

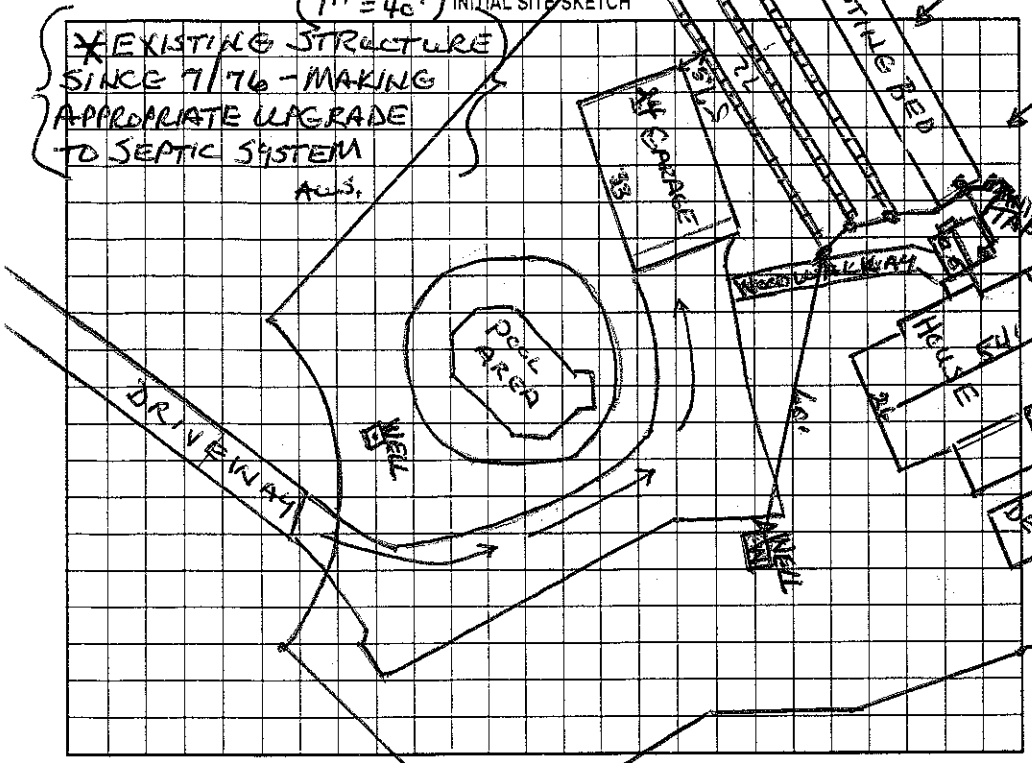
X House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

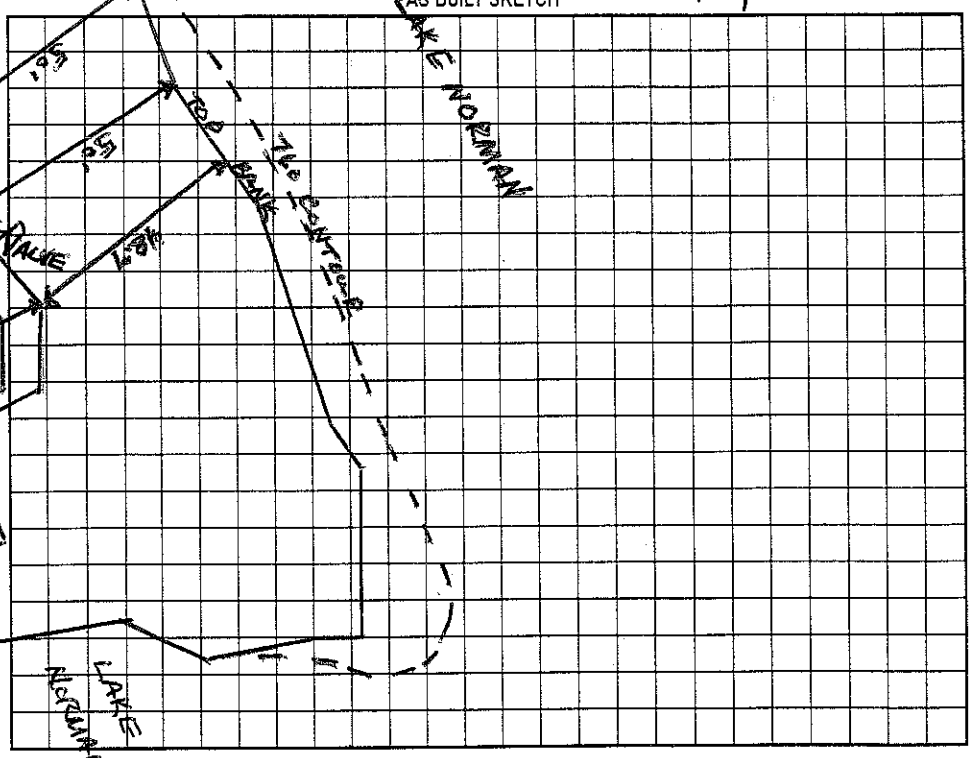
Comments:/Conditions: Existing Septic Tank must be evaluated - may require replacement. Maintenance Contract Required. Pad returned to original shape

Comments:/Conditions: * No changes being made to existing house. * No irrigation over drainfield area. Set 2' pressure head 12/31/01

1" = 40' 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: * Ella Hurdle date 11/30/01 Installed by: Richard Abernathy

Improvement Permit by: Wesley Sparks RS. date 11/29/01 Operation Permit by: Wesley Sparks RS. date 1/2/02

Authorization to Construct by: Wesley Sparks RS. date 11/29/01 Existing System Inspection by: _____ date _____

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