IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $75.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 073932 PIN# 4625941684 4635-16-3288 DATE Aug. 30, 02

OWNER OR CONTRACTOR Patrick Hennigan / K Beaver Homes PHONE: Business _____ Home _____

ADDRESS 132 Greenhill Ln. Mooresville N.C. 28117

LOCATION Brawley Sch Rd. TL Chatham TL Mayfair Right on Tisbury At end

SUBDIVISION The Point BLOCK / SECTION 1-B LOT 31 LOT AREA .91Ac SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25-.3

Septic Tank: 1500 Gallons; STB 338 Date 7/6/04
Pump Tank: 1500 Gallons; PT 421 Date 7/12/04
Pump Make: Goulds Model WE512HHH Serial No. D04585807
Nitrification Field: No. Fields 1 Square Feet 760/1140 Linear Feet 380
No. Lines 5 & 4 Trench Width 24"min 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PPBPS
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Bathrooms 5½ No. Employees ____

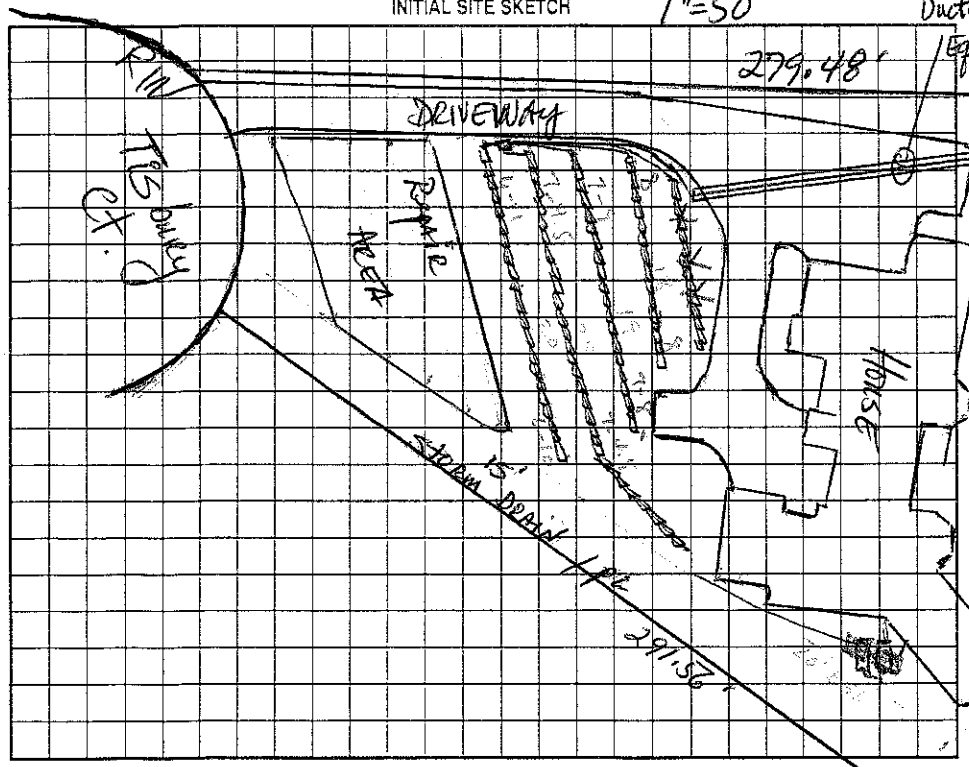
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

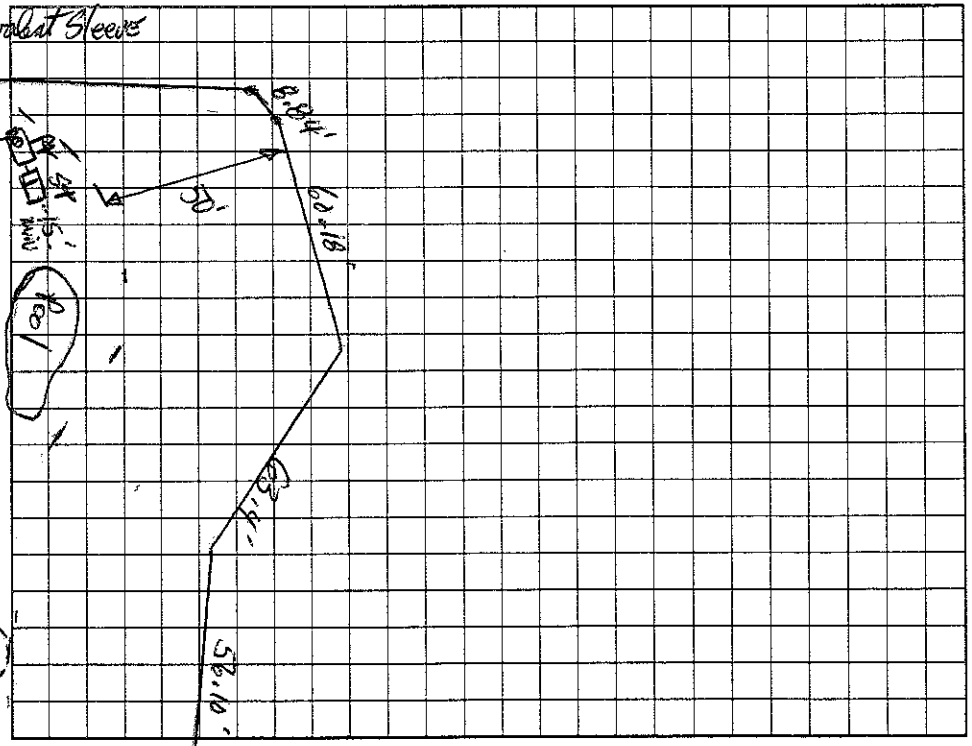
Comments:/Conditions: 36" max 9'oc
1/20/04 Tanks to be relocated to the red location - Aw S.

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 8-30-02 Installed by: Kevin Hellman

Improvement Permit by: _____ RS date 8-30-02 Operation Permit by: Wesley Sparks RS date 10/26/04

Authorization to Construct by: _____ RS date 8-30-02 Existing System Inspection by: _____ date _____

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