IREDELL COUNTY HEALTH DEPARTMENT

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

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

2,100

PERMIT# 088851 PIN# 4635 38 1758 DATE 6/1/00

OWNER OR CONTRACTOR Kenneth Beaver Homes PHONE: Business _____ Home _____

ADDRESS 116 Malibu Rd. Mooresville, NC. 28117

LOCATION 1100 TL s/s of Pines on (L) past Waterford Rd. and before Ski-Haven on (R)

SUBDIVISION PINEVIEW BLOCK / SECTION _____ LOT 9 LOT AREA 1.0 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 9/3/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120'x3' Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

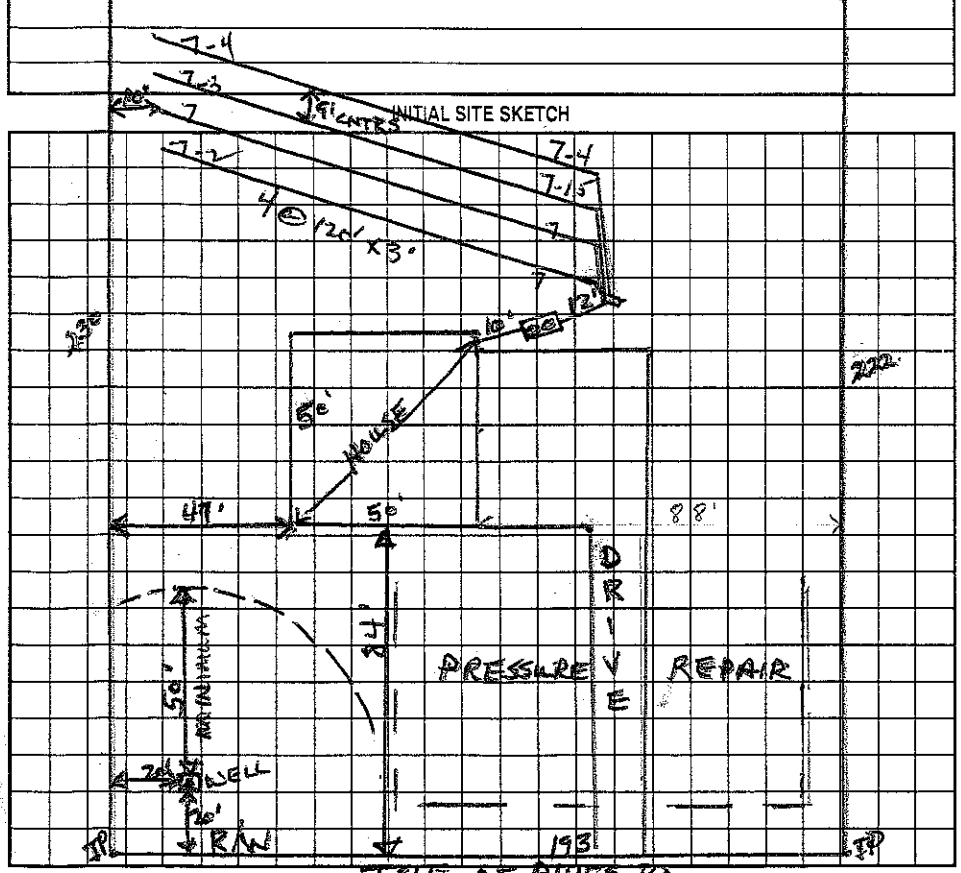
[X] New System [ ] Repair System Type: I, II, [III] IV, V, VI
System Description: Conv. - HDS or Ch. Plastic
Repair System Description: Pressure - HDS or CH PLAS.
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: 194 Total

INITIAL SITE SKETCH



Comments:/Conditions:

Ch. Plastic installed

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 6/2/00 Installed by: Steve Jordan

Improvement Permit by: Wesley Sparks R.S. date 6/1/00 Operation Permit by: Wesley Sparks R.S. date 12/5/00

Authorization to Construct by: Wesley Sparks R.S. date 6/1/00 Existing System Inspection by: _____ date _____

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