IREDELL COUNTY HEALTH DEPARTMENT

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

1:00 PM

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

PERMIT# 074646 PIN# 4636 64 3884 DATE 6/25/98

OWNER OR CONTRACTOR DAVID BEAM PHONE: Business _____ Home 662-8298

ADDRESS 297 MALLARD WAY MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TL MALLARD WAY - PAST CLUB HOUSE NEAR END ON LT

SUBDIVISION MALLARD HEAD BLOCK / SECTION _____ LOT 172 LOT AREA ? AS ON PD SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: EXISTING Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100
No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PUMP MODIFIED
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

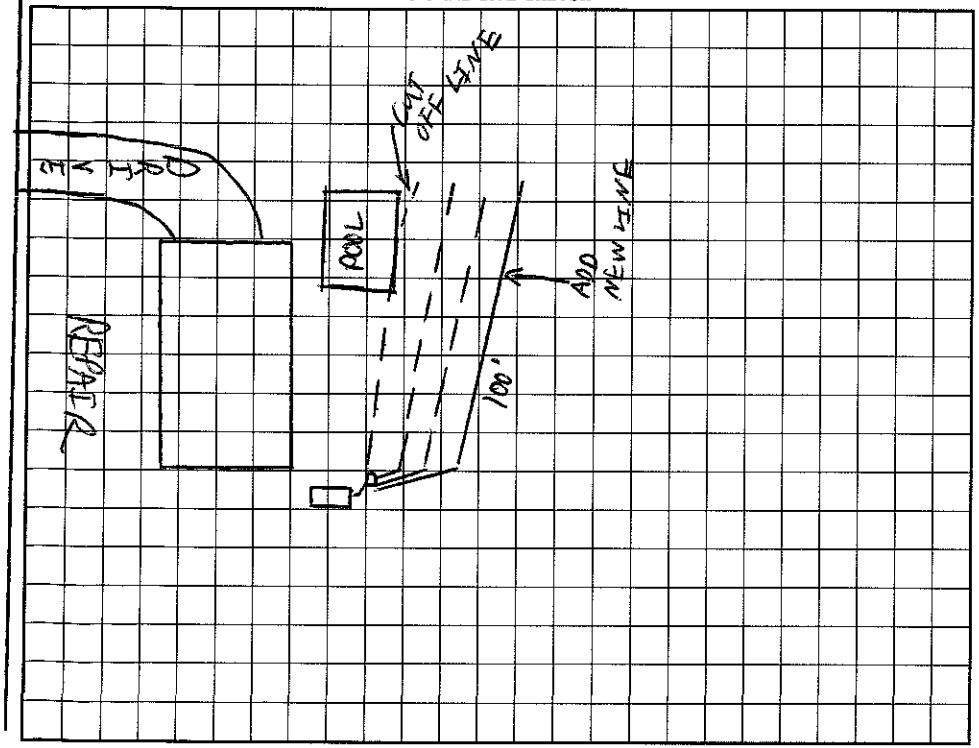
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: KEEP POOL 15' AWAY FROM ANY PART OF SYSTEM

Comments:/Conditions: POOL WAS LOCATED AT POSITION THAT NO DRAIN LINES WILL HAVE TO BE MOVED.
7/13/98

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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: David M Beam date 6/25/98 Installed by: _____

Improvement Permit by: C. M. Zoon LS date 6/25/98 Operation Permit by: C. M. Zoon date 7/13/98

Authorization to Construct by: C. M. Zoon LS date 6/25/98 Existing System Inspection by: _____ date _____

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