IREDELL COUNTY HEALTH DEPARTMENT

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

$130.00 3.30

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

PERMIT# 112266 PIN# 4636653158 DATE 6-3-03

OWNER OR CONTRACTOR Select Properties Inc. PHONE: Business 704 947-8927 Home 704 622-5035 Cell Jack's

ADDRESS 13318 Toka Court Huntersville, NC

LOCATION Brawley School Rd TL Mallard Way past Clubhouse N. 5 miles on right

SUBDIVISION Mallard Head BLOCK / SECTION ____ LOT 167 LOT AREA .623 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/21/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: *Gravity - 25% Reduction
Repair System Description: Pump/Grav. Innovative
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A

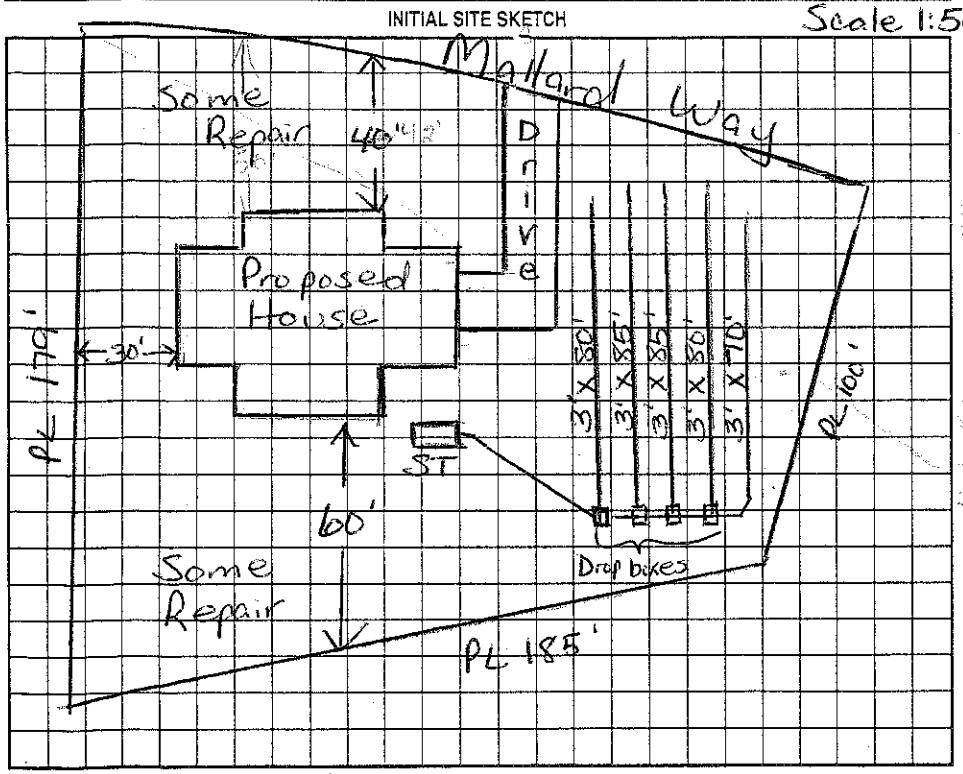
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Keep Septic System at least 10' from PL

Comments/Conditions: * 25% Reduction = EZ Flow or Plastic Chamber 25% Reduction in Drain Field area.

INITIAL SITE SKETCH Scale 1:50'



AS BUILT SKETCH

EZ Flow Installed

5 @ 80' on D-Box

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: Jack Stone date 6/3/03

Improvement Permit by: Maina H. Dotson RS date 6/3/03

Authorization to Construct by: Maina H. Dotson RS date 6/3/03

Installed by: Hallman Const.

Operation Permit by: [signature] RS date 1/6/04

Existing System Inspection by: ____ date ____

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