IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 168687 PIN# 4636 63 3496 DATE 9/18/02

OWNER OR CONTRACTOR Select Properties PHONE: Business _____ Home 704-947-8927

ADDRESS 13318 Toka Court Huntersville, NC. 28078 / 264 Mallard Way

LOCATION 1100 TL Main Entrance, past Clubhouse on (R) just before small gravel street

SUBDIVISION Mallard Head BLOCK / SECTION 2 LOT 165 LOT AREA .50 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 5/18/03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet * 400

No Lines 4 @ 100' Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: 25% Reduced Drainfield

Repair System Description: 16" PPBPS (50% Reduction)

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

[ ] Other _____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

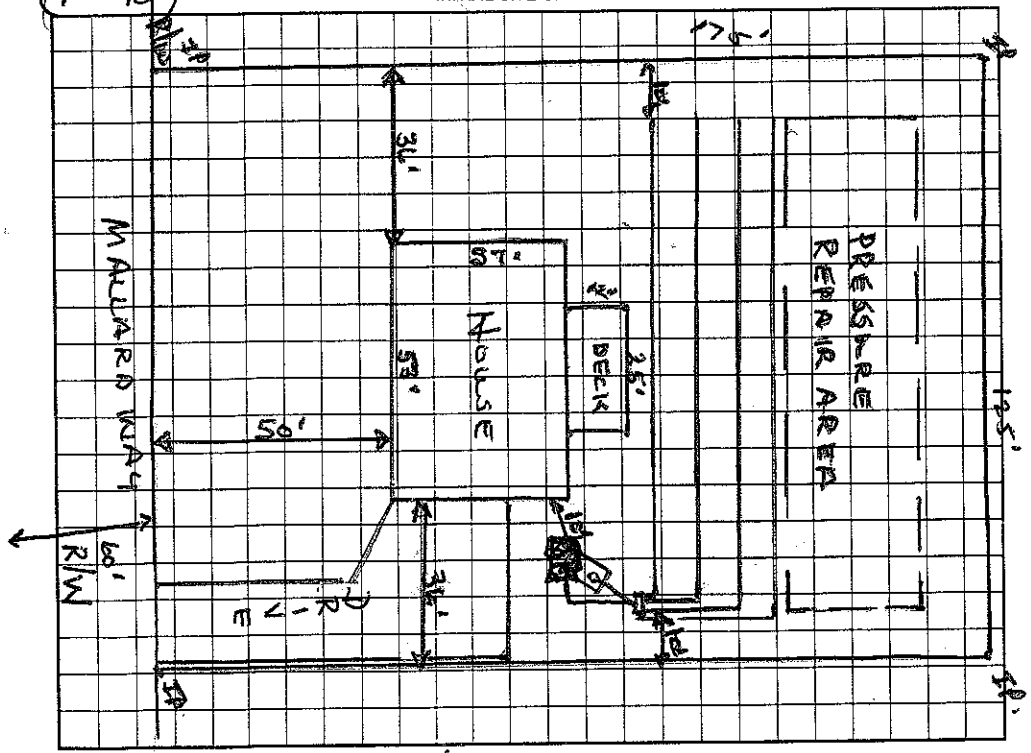
Water Supply: [ ] Individual [ ] Public [X] Community

Comments:/Conditions:

Comments:/Conditions: Air filtration installed.

INITIAL SITE SKETCH

(1" = 40')



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: Jack M. Jane date 10/25/02

Improvement Permit by: Wesley Sparks RS. date 9/18/02

Authorization to Construct by: Wesley Sparks RS. date 9/18/02

Installed by: Hallman

Operation Permit by: Wesley Sparks RS. date 6/24/03

Existing System Inspection by: _____ date _____

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