S/D: HAMMOCKS AT MALLARD HEAD

3:00 - 3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124374 PIN# ~~4636-76-3226.1~~ 4636-75-1253 DATE 3/24/06

OWNER OR APPLICANT Matthew Mayer PHONE: Business _____ Home 704 754 3354

ADDRESS 147 Emerald Dr

LOCATION BSR, TL Canvasback, TR Old Squaw, TL Billy Joe, TR Pintail, on Lt.

SUBDIVISION Hammocks BLOCK / SECTION _____ LOT 1 LOT AREA 1.69 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 825 Date 3/1/07
Pump Tank: 1000 Gallons; PT 302 Date 3/17/07
Pump Make: Zoeller Model N-152 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 2 @ 100' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

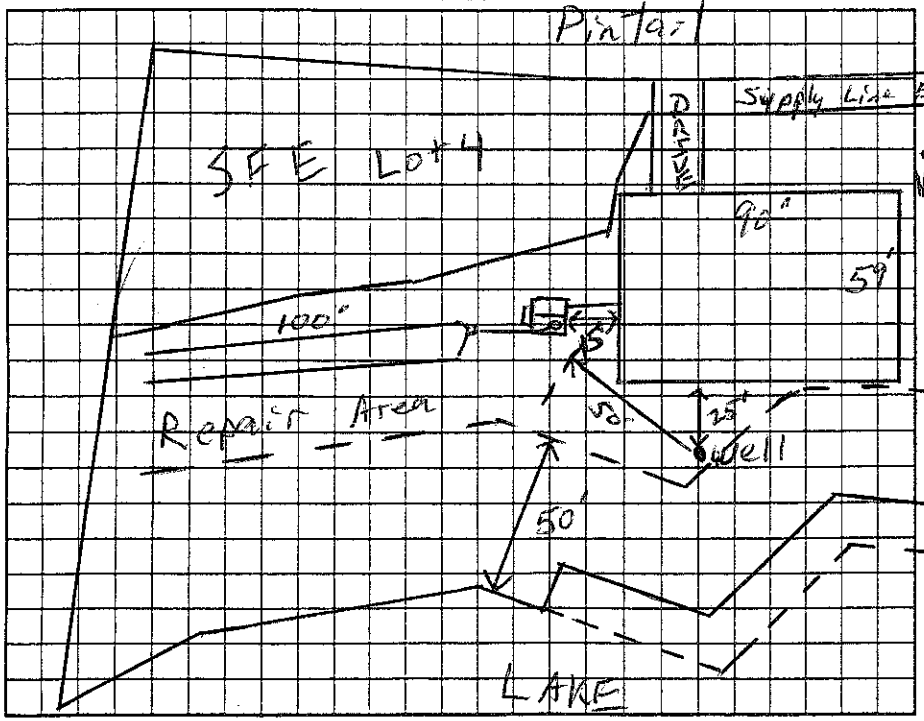
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Sewage Lift pump / Grinder pump for Basement Plumbing Only. Main plumbing to gravity Feed directly to Septic Tank. Lift Basement plumbing to Main Level.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Electrical & Alarm checked 10/2/07
Maintenance agreement rec'd 10/3/07

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 3/28/06 Installed by: Rowan Septic Tanks

Improvement Permit by: RS date 3/24/06 Operation Permit by: Anthony Cole date 10/3/07

Authorization to Construct by: RS date 3/24/06 Existing System Inspection by: _____ date _____

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