S/D: Hammocks at Mallard Head

IREDELL COUNTY HEALTH DEPARTMENT

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

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

$450.00 Paid

PERMIT# 124401 PIN# ~~4636-76-3226.2~~ 4636-75-1580 DATE 6/3/05

OWNER OR CONTRACTOR Eric Williams PHONE: Business 7046224435 Home

ADDRESS 133 Summer brook Ln Mooresville NC 28117

LOCATION BSR, TL Canersbrook, TR Old Statesville, TL Billy Joe, TR Pintail, on Lt

SUBDIVISION The Hammocks BLOCK / SECTION ____ LOT 2 LOT AREA 0.924C SITE CLASS P5 DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 3/2 Date 5/2/06
Pump Tank: 1000 Gallons; PT 283 Date 5/1/06
Pump Make: Zoeller Model BN276-B Serial No.
Nitrification Field: No Fields 1 Square Feet 804 Linear Feet 268'
No Lines 4@67' Trench Width 24" & 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair 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 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

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

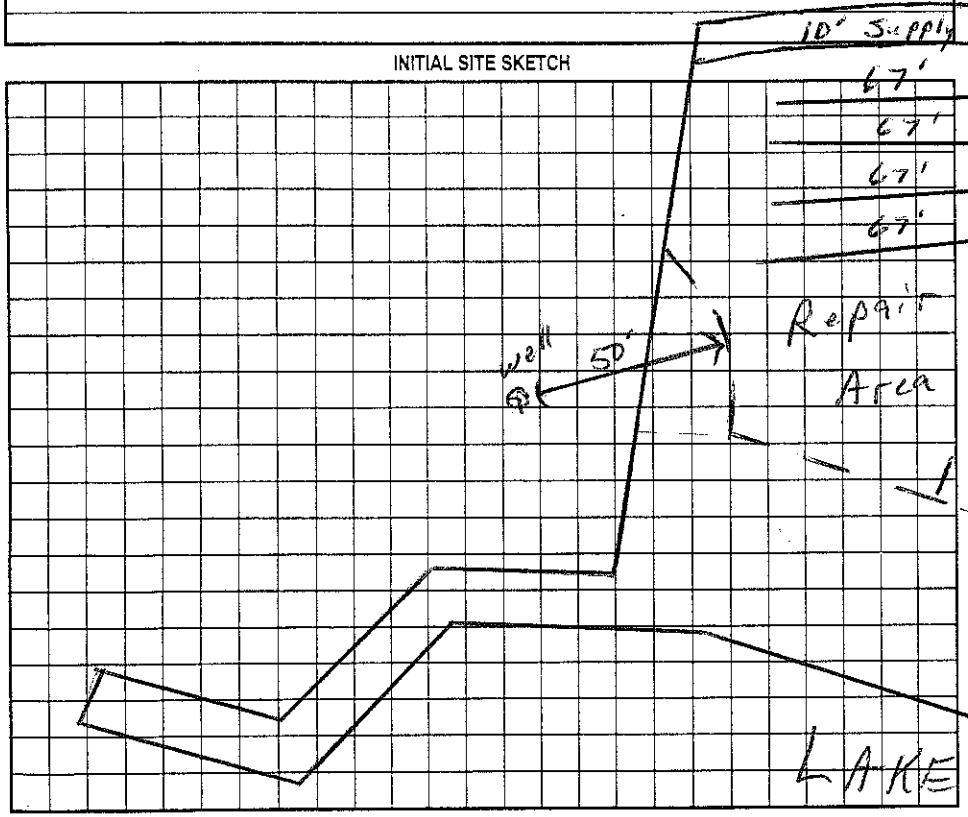
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

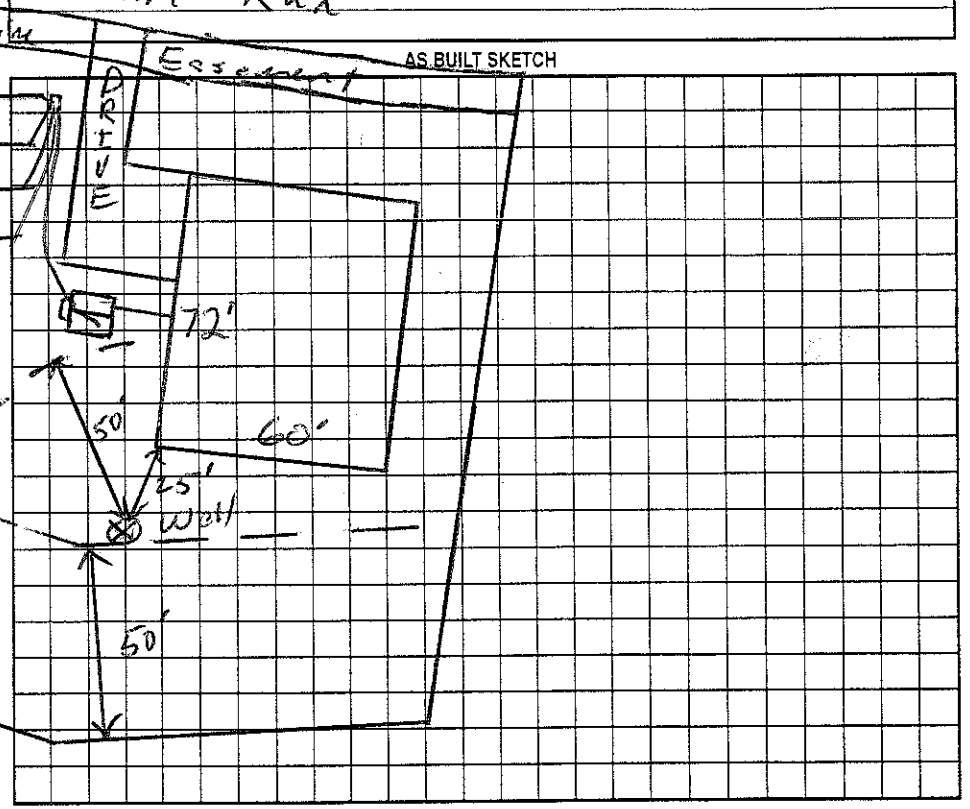
Comments:/Conditions: 60 Pools 3/16" holes

Pintail Run

INITIAL SITE SKETCH



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: _____ date 6/6/05 Installed by: Pen Warden

Improvement Permit by: _____ RS date 6/3/05 Operation Permit by: _____ RS date 8/28/06

Authorization to Construct by: _____ RS date 6/9/05 Existing System Inspection by: _____ date _____

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