Permit# 202-0370 11/20

ELL COUNTY HEALTH DEPARTMENT

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

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

mit# 116110 PIN# 4636 85 4745 DATE 2/24/04

OWNER OR CONTRACTOR Heritage Homes PHONE: Business 309-5452 Home 980 722 7376

ADDRESS PO Box 33133 Mooresville, NC 28117

LOCATION Brawley School Rd TL Canvasback TR Old Squaw TL Billy Joe's Blind lot on left

SUBDIVISION Mallard Head BLOCK / SECTION ____ LOT 63 LOT AREA .46 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 350 Date 7-15-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump - Panel (Easement Area)
Maintenance Agreement Required: ☐ Yes ☒ No

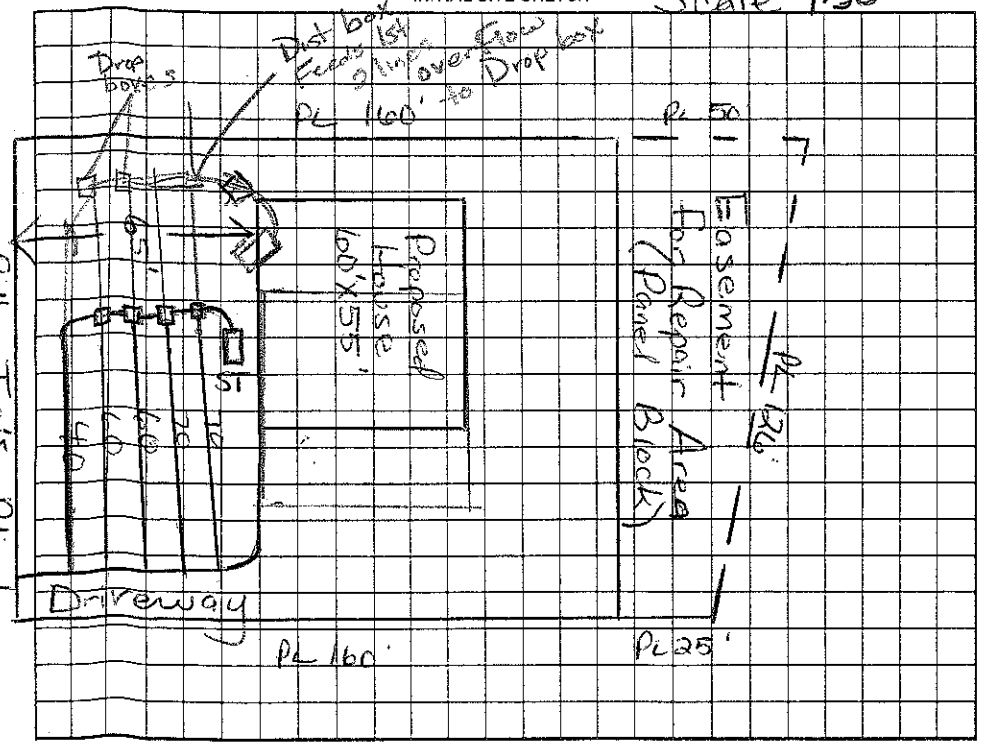
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Copy of Easement is attached.
Keep Septic System at least 10' from PL.
* Driveway Can not Cross over Drainfield.

Comments/Conditions: * 3/17/04 Site visit - Okay to install in 4 - 5' lines.

INITIAL SITE SKETCH Scale 1:50



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: [signature] date 2-25-04 Installed by: Piedmont Septic

Improvement Permit by: Maria H. Dotson RS date 2/24/04 Operation Permit by: Maria H. Dotson RS date 8/20/04

Authorization to Construct by: Maria H. Dotson RS date 2/24/04 Existing System Inspection by: ____ date ____

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