2130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 18863 PIN# part of 2SA51 4639-13-3867 DATE Jan. 5, 2000

OWNER OR CONTRACTOR Rodney & Melissa NEAL PHONE: Business _____ Home _____

ADDRESS 226 Bullfinch Road Mooresville

LOCATION Fern Hill Road TR Bullfinch on Right

SUBDIVISION Beacon Pointe BLOCK / SECTION 1 LOT 5 LOT AREA ±.698Ac SITE CLASS. PS DESIGN FLOW 440gpd L.T.A.R. ±.3

Septic Tank: 1000 Gallons; STB 794 Date 7-14-00

Pump Tank: 1000 Gallons; PT 283 Date 7-7-00

Pump Make: Gould's Model WE07121 Serial No. G0007155

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270±

No Lines 4 Trench Width 36" Max Trench Bottom Depth ±30" Gravel Depth NA

☑ 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 4

☐ Business No. Employees _____

☐ Other _____

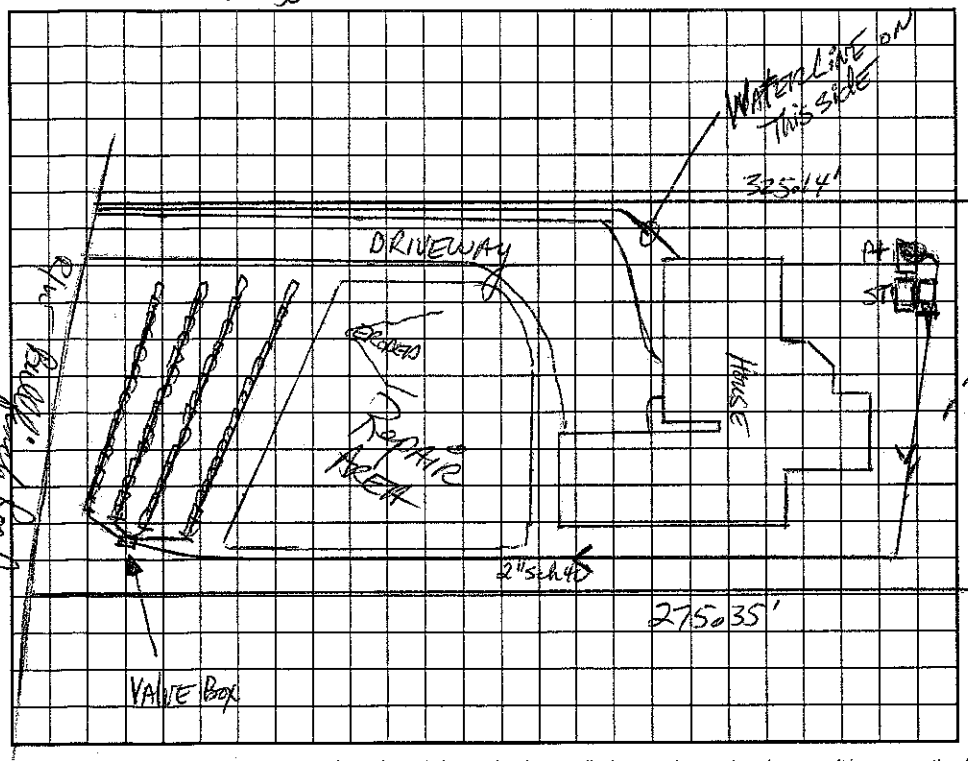
☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

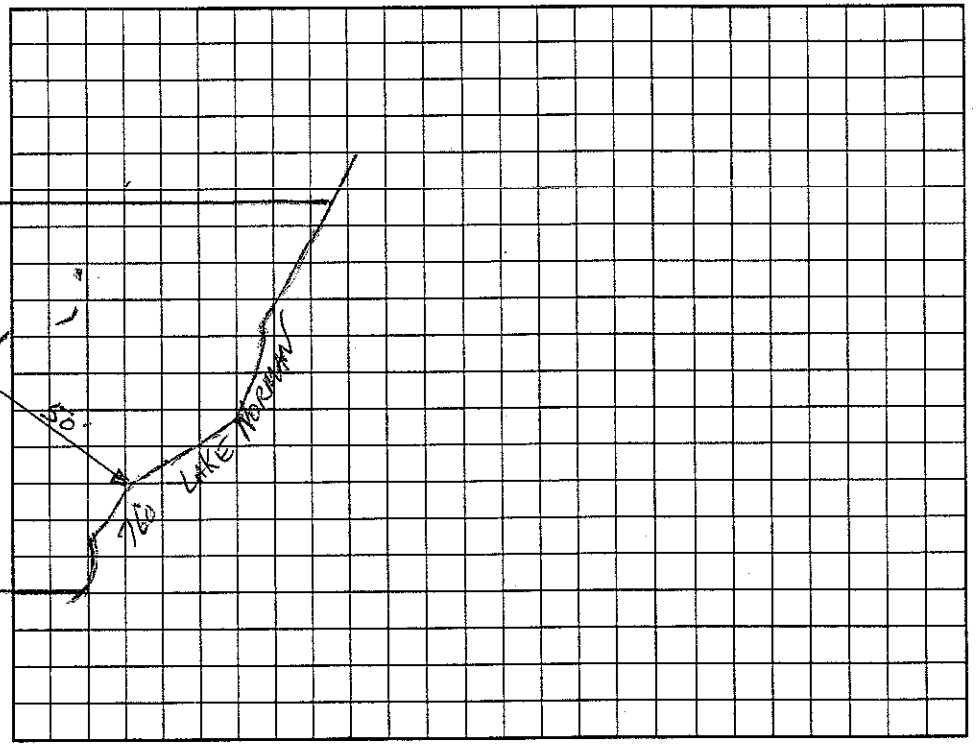
Comments:/Conditions:

Comments:/Conditions: (Partial) Tank + Lines checked 8/16 GM

1"=50' 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: Tabuck H Murdock date 1-5-2000 Installed by: _____

Improvement Permit by: _____ date 1-5-2000 Operation Permit by: Wesley Sparks RS. date 10/9/00

Authorization to Construct by: _____ date 1-5-2000 Existing System Inspection by: _____ date _____

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