IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid 4:00 MOORESVILLE 704-664-5281

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

PERMIT# 095351 PIN# 4639134682 Roger 201-6705 DATE 4-22-2002

OWNER OR CONTRACTOR Chuck Edmonson PHONE: Business 596-8880 EXT 2213 Home 664-3185

ADDRESS 833 River Hwy Mooresville NC 28117

LOCATION Perth Rd. N. to Fern Hill TR Bullfinch at end on left. 225 Bullfinch Rd

SUBDIVISION Beacon Pt BLOCK / SECTION I LOT 22 LOT AREA .87 Acre SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. .25 gpd

Septic Tank: 1000 Gallons; STB 825 Date 2-17-02
Pump Tank: 1000 Gallons; PT 302 Date 2-8-02
Pump Make: Zoeller Model N140 Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1440' Linear Feet 480'
No. Lines 6 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I II III IV V VI
System Description: Pump - Conventional
Repair System Description: Pump - Innovative
Maintenance Agreement Required: ☐ Yes ☐ No

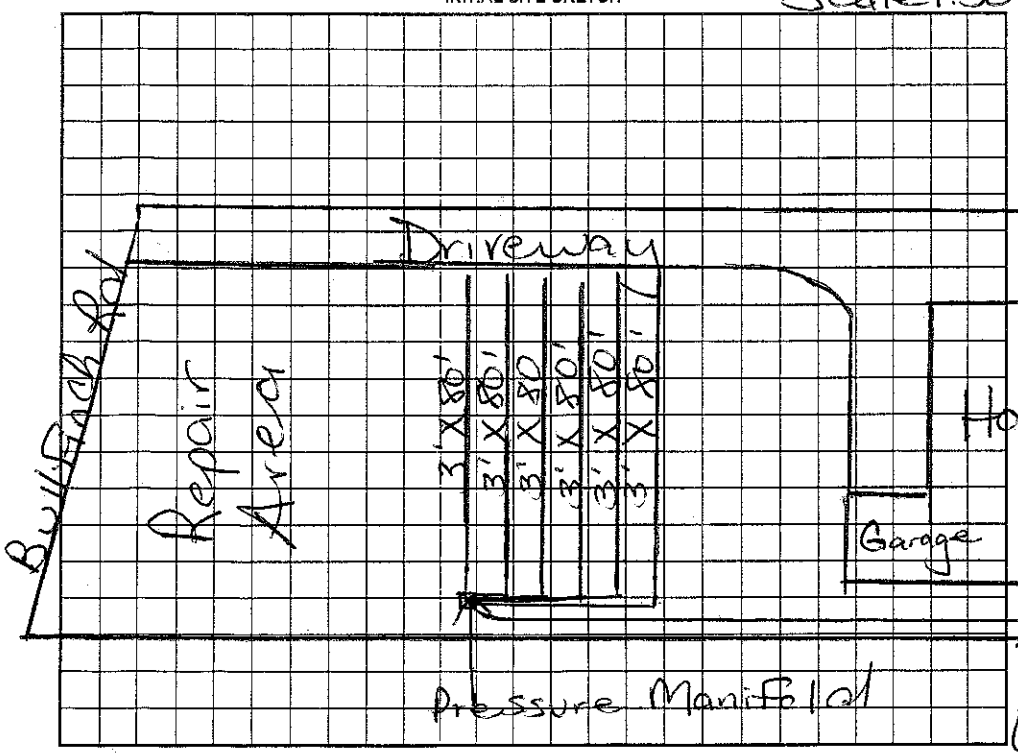
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab X Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public X Community

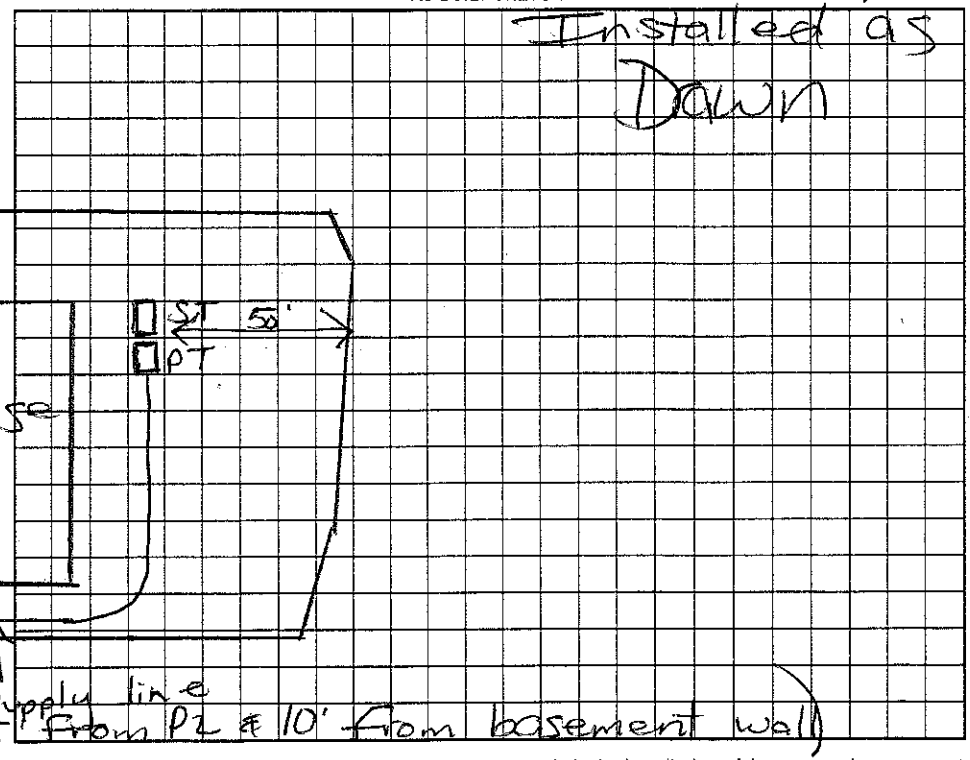
Comments/Conditions: Keep Septic System at least 10' From PL, 50' from lake & 25' From basement wall.

Comments/Conditions: Tanks, lids, fittings & pressure Checked 6/20/02
Elect. & Alarm Checked 7/15/2002

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: Mindy Edmonson date 4.24.02 Installed by: Rowan Septic

Improvement Permit by: Maria H. H. Dotson R.S. date 4/22/02 Operation Permit by: Maria H. H. Dotson R.S. date 7/15/2002

Authorization to Construct by: Maria H. H. Dotson R.S. date 4/22/02 Existing System Inspection by: _____ date _____

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