10130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92991 PIN# 4679029878 PT. 4679-01-4309 DATE 1/26/01

OWNER OR CONTRACTOR BEECHWOOD PARTNERS PHONE: Business 664-9080 Home

ADDRESS 225 ROLLING HILLS RD - MOORESVILLE NC 28117

LOCATION 801 N - TL TRIPLETT RD - TL MALLARDWOOD - AT END

SUBDIVISION BEECHWOOD EST. BLOCK / SECTION LOT 13 LOT AREA 3.08AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. ~.25gpd/ft²

Septic Tank: 1000 Gallons; STB ~~1012~~ Date 2/19/01

Pump Tank: 1000 Gallons; PT ~~1017~~ Date 2/19/01

Pump Make: Hydromatic Model SK50A1 Serial No. 2-23-01

Nitrification Field: No Fields 1 Square Feet 1125 Linear Feet 375

No Lines 5@75' 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: PUMP 25% REDUCTION

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

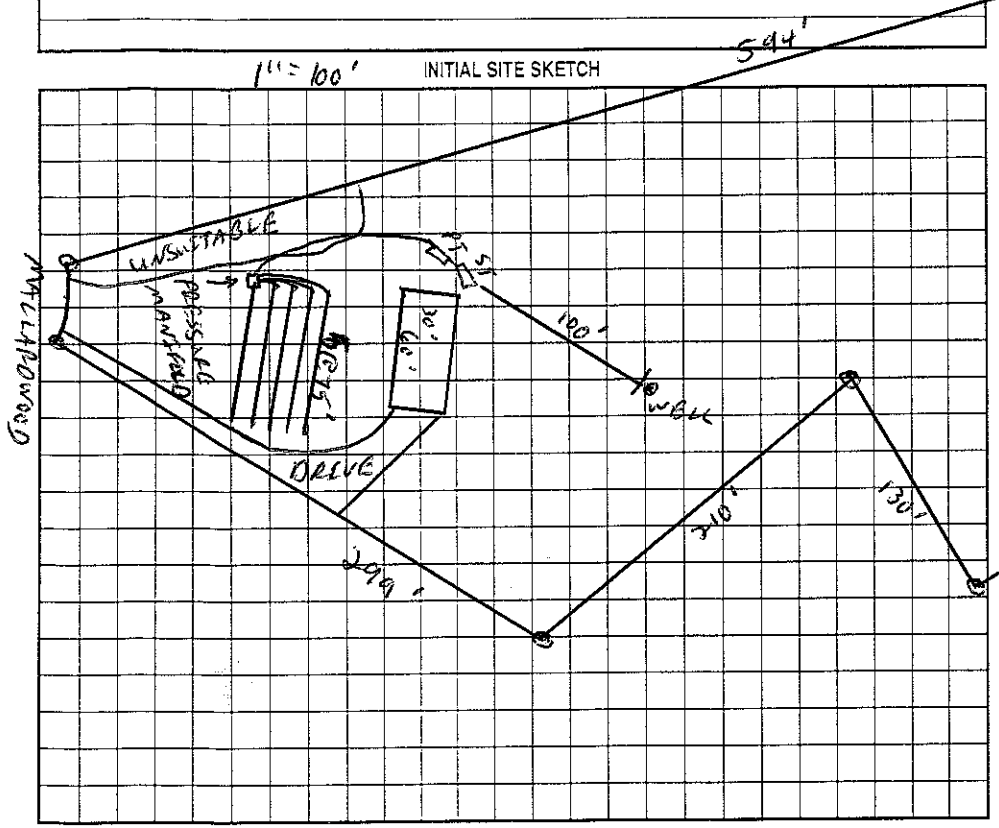
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

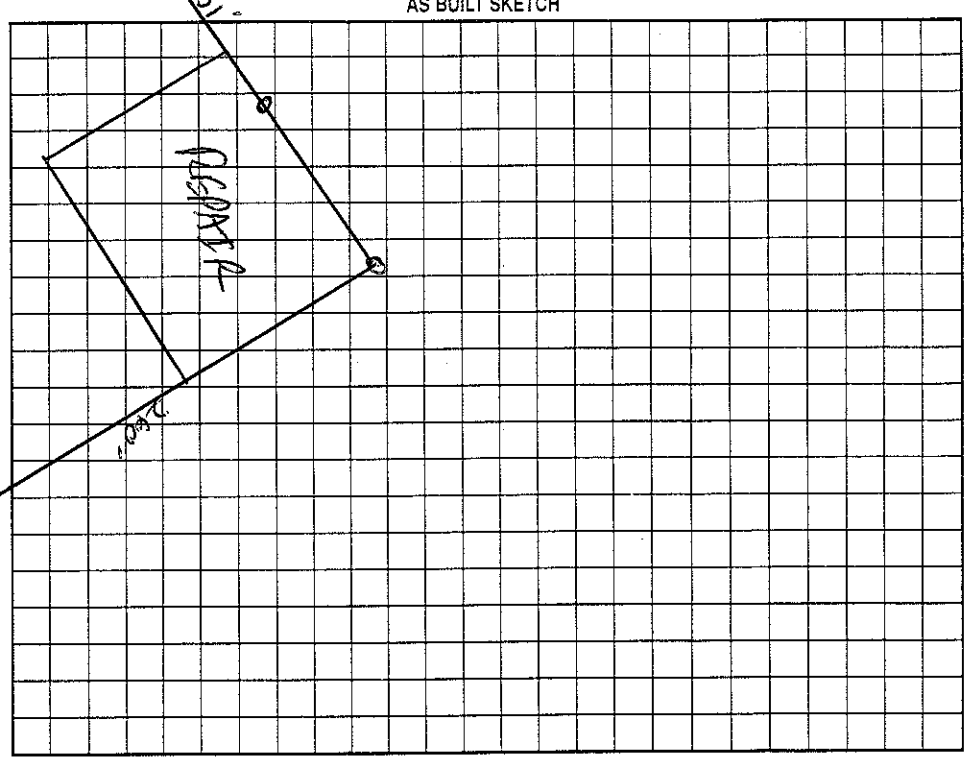
Comments:/Conditions:

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1" = 100' 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: [signature] date 1/29/00

Improvement Permit by: [signature] HS date 1/26/01

Authorization to Construct by: [signature] HS date 1/24/01

Installed by: A-1 Backhoe

Operation Permit by: [signature] RSI date 5/30/01

Existing System Inspection by: date

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