IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 93012 PIN# 4679029878 PT 4679-01-8293 DATE 5/1/01

OWNER OR CONTRACTOR BEECHWOOD PARTNERS/MIKE WRIGHT PHONE: Business _____ Home _____

ADDRESS 225 ROLLING HILLS RD - MOORESVILLE NC

LOCATION 801 N - TL TRIPLETT - TL MAHAROWOOD - TL WOODBINE - ON RT

SUBDIVISION BEECHWOOD EST BLOCK / SECTION _____ LOT 22 LOT AREA 2.24AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .15 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 3/11/01

Pump Tank: 1000 Gallons; PT 17 Date 3/16/01

Pump Make: HYDROMATIC Model SHEF SOAI Serial No. 3/15/01

Nitrification Field: No. Fields 2 Square Feet 3200 Linear Feet 640

No Lines 8 Trench Width 18" Max Trench Bottom Depth 14" Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: CPP

Repair System Description: CPP

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: 1) CONTACT HEALTH DEPARTMENT AND RUSSELL WILLIAMS BEFORE INSTALLATION
RUSSELL - 828-465-6268

Comments:/Conditions:

INITIAL SITE SKETCH

See Russell Williams PLAN

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 5/1/01

Improvement Permit by: _____ RS date 5/1/01

Authorization to Construct by: _____ RS date 5/1/01

Installed by: A1 Backhoe

Operation Permit by: _____ RSI date 8/23/01

Existing System Inspection by: _____ date _____

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