IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93008 PIN# ~~4679-02-9875~~ 4679-01-9694 DATE 1/8/01

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

ADDRESS 225 ROLLING HILLS RD - MOORESVILLE

LOCATION 801 N - TL TEAGUE - TL MALLARD WOOD - TL WOODBINE - ON RT - 124 WOODBINE CT.

SUBDIVISION BEECHWOOD EST. BLOCK / SECTION ____ LOT 19 ~~2~~ LOT AREA .82 AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB 10 12 Date 2/26/02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

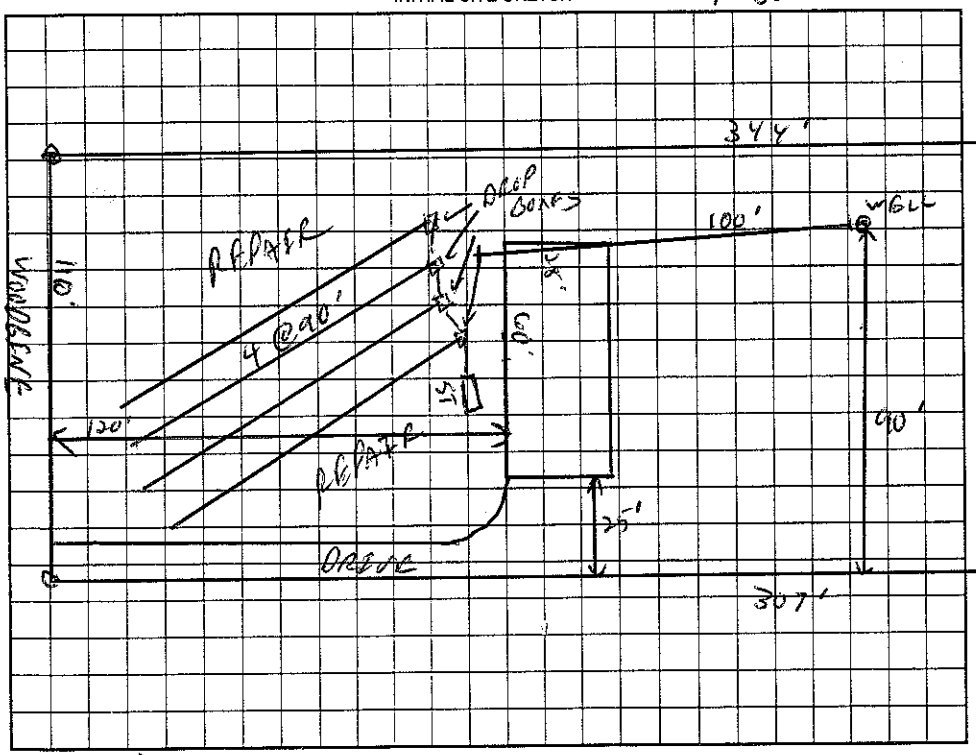
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

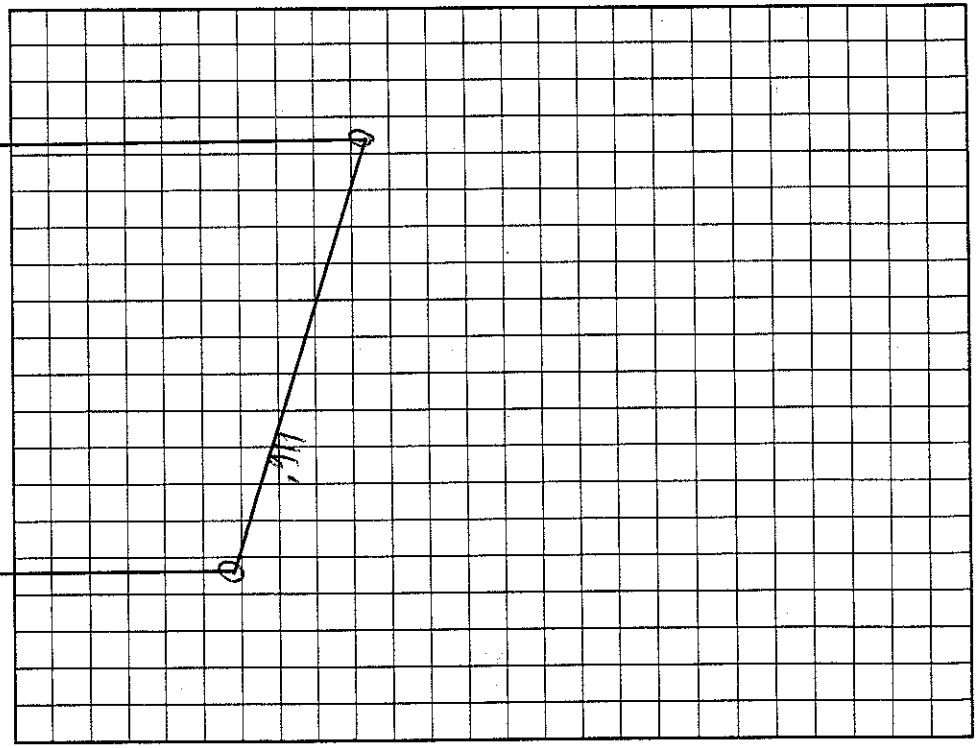
Comments:/Conditions:

Comments:/Conditions: No well on 7/17/02
EZLAY INSTALLED -
8/2/02 Lowered Drop Box Repair by C. Thompson

INITIAL SITE SKETCH 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: ____ date 1/29/01 Installed by: Craig Thompson

Improvement Permit by: C. [illegible] RS date 1/8/01 Operation Permit by: Wesley Sparks RS. date 7/18/02

Authorization to Construct by: C. [illegible] RS date 1/3/02 Existing System Inspection by: ____ date ____

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