IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 92969 PIN# 4679 02 9878 4679-02-8684 DATE 5/1/01

OWNER OR CONTRACTOR BEECHWOOD PARTNERS / LEADER HOMES PHONE: Business _____ Home _____

ADDRESS 225 ROLLING HILLS RD. MOORESVILLE NC 28117

LOCATION 601 N- TL TRIPLETT- TL MALLARDWOOD- ON RT

SUBDIVISION BEECHWOOD BLOCK / SECTION 4 LOT 9 LOT AREA .74AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .30GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 2/19/01
Pump Tank: 1000 Gallons; PT 17 Date 8/28/00
Pump Make: HYDROLATIC Model 3K 5C AH Serial No. 3[illegible]/01
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' 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 PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

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

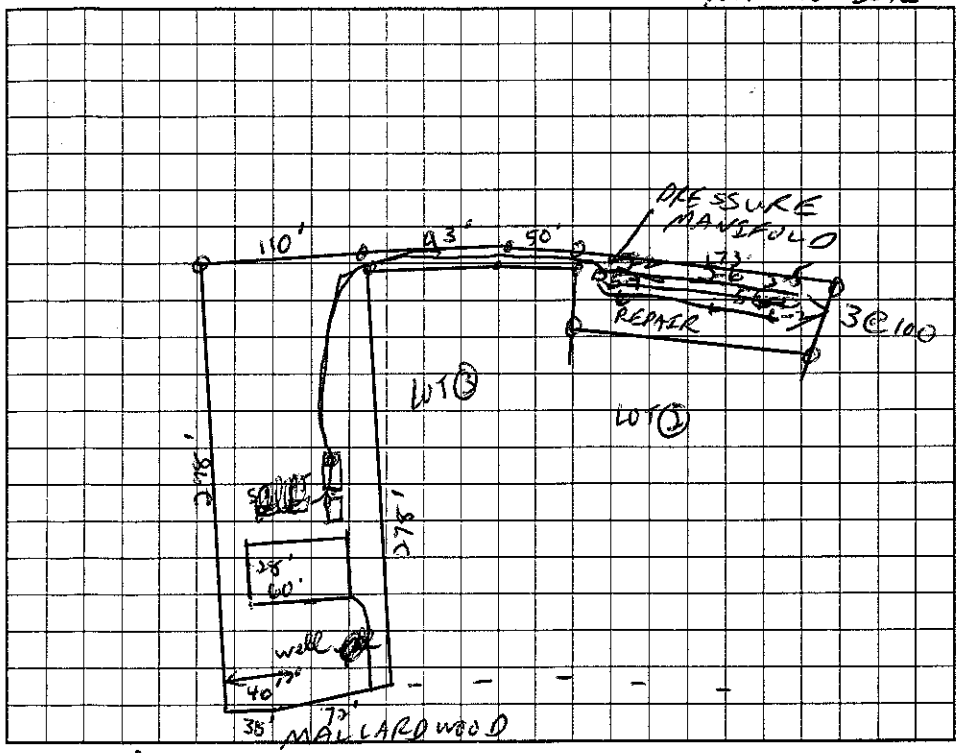
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH NOT TO SCALE



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 Installed by: A-1 Backhoe

Improvement Permit by: C. [illegible] ES date 5/1/01 Operation Permit by: [illegible] RSI date 5/30/01

Authorization to Construct by: C. [illegible] ES date 5/1/01 Existing System Inspection by: _____ date _____

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