IREDELL COUNTY HEALTH DEPARTMENT

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

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

12515

PERMIT# 12515 / 92957 PIN# ~~4679 02 9878 (1)~~ ~~4679 02 4878 (2)~~ 4679029913 DATE 11/22/04

OWNER OR CONTRACTOR Rachel C. Cleek PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Mallardwood Dr., 801 N TL Triplett Rd TL Mallardwood, first lot on (R)

SUBDIVISION Beechwood Est. BLOCK / SECTION _____ LOT 132 LOT AREA 1.61 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 7/19/04 COMPLETED

Pump Tank: 1000 Gallons; PT 1017 Date 11/10/04

Pump Make: Goulds Model WED3111M Serial No. 9304

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 3' Max Trench Bottom Depth @ 18" Gravel Depth 12"

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

System Description: PM → CONVENTIONAL

Repair System Description: PM → Type 3

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

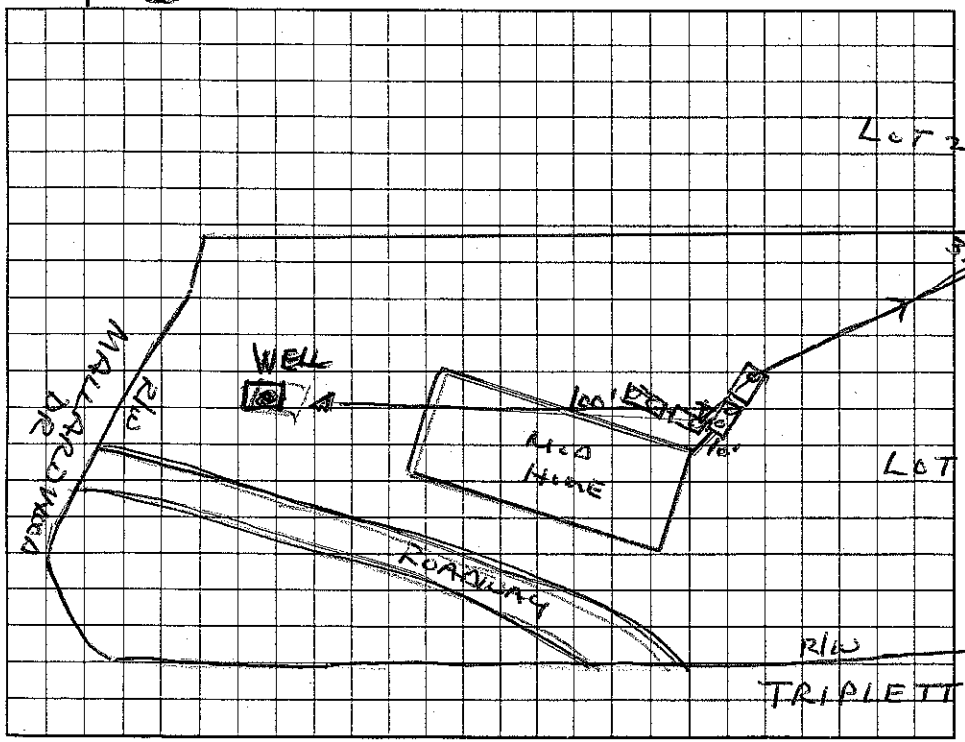
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 18" MAXIMUM TRENCH DEPTH

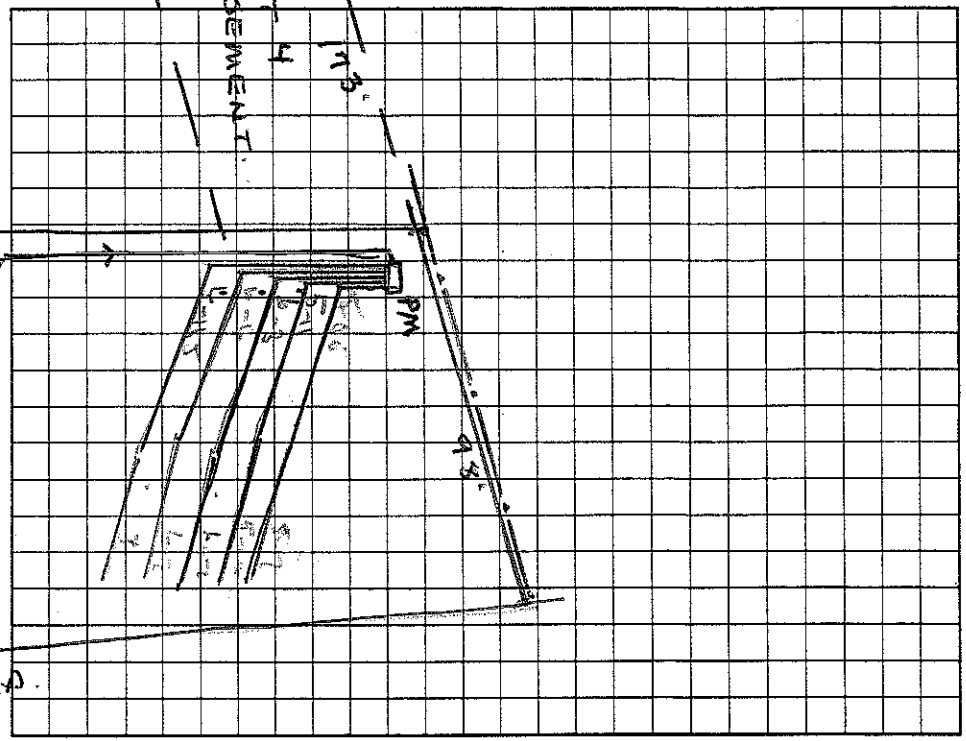
Comments/Conditions:

1" = 50'

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: * James Markum date 11-29-04 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks R.S. date 11/22/04 Operation Permit by: Wesley Sparks RS date 3/23/05

Authorization to Construct by: Wesley Sparks R.S. date 11/22/04 Existing System Inspection by: _____ date _____

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

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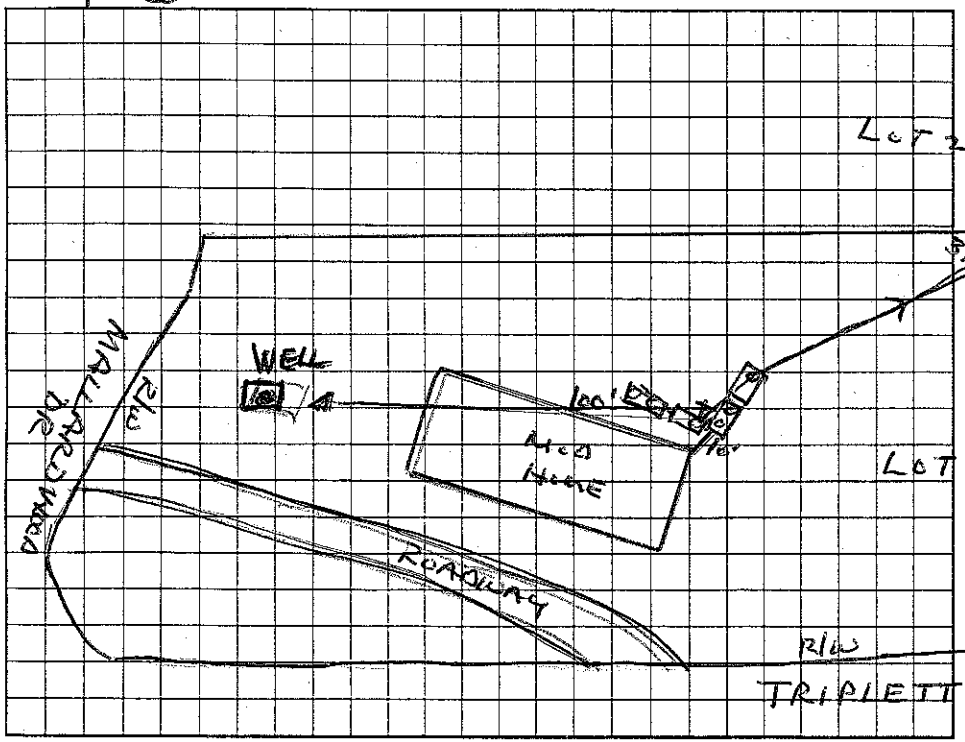
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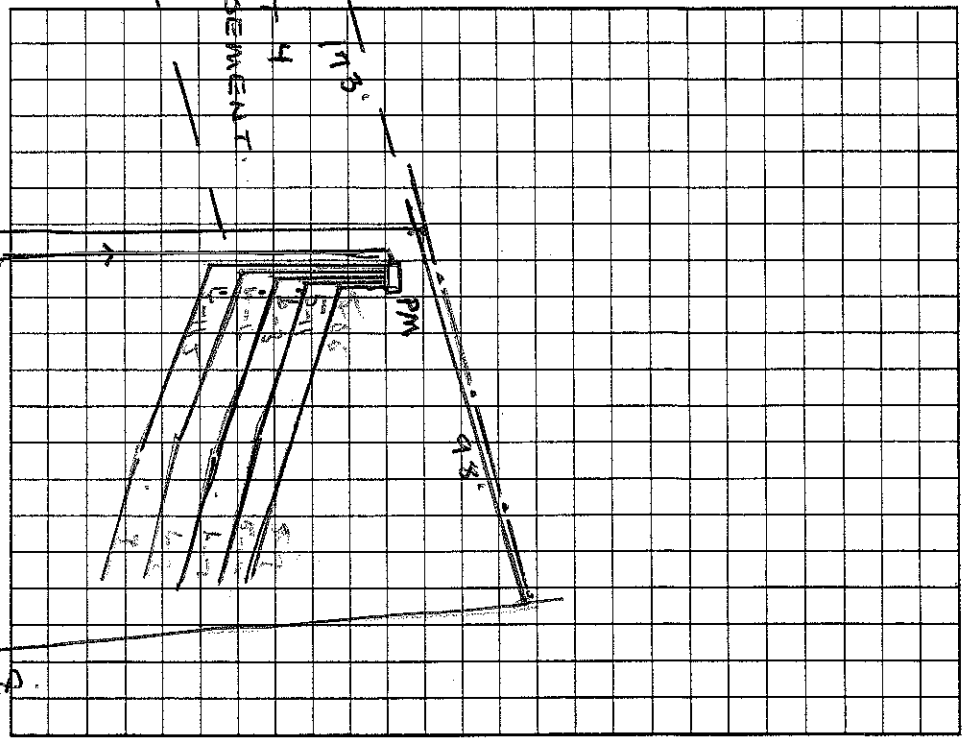
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