IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93025 PIN# 4679029878 or 4679-12-2767 DATE 6/7/01

OWNER OR CONTRACTOR BEECHWOOD PARTNERS PHONE: Business ______ Home ______

ADDRESS 225 ROLLING HILLS RD - MOORESVILLE

LOCATION 801 N - TL TRIPLETT - TL MALLARDWOOD - 1st ON LT

SUBDIVISION BEECHWOOD EST. BLOCK / SECTION ______ LOT 35 LOT AREA 1.49 AC+EASEMENT SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 8/24/02

Pump Tank: 1000 Gallons; PT 17 Date 2/7/03

Pump Make: MYERS Model [illegible] Serial No. 12/16/02

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

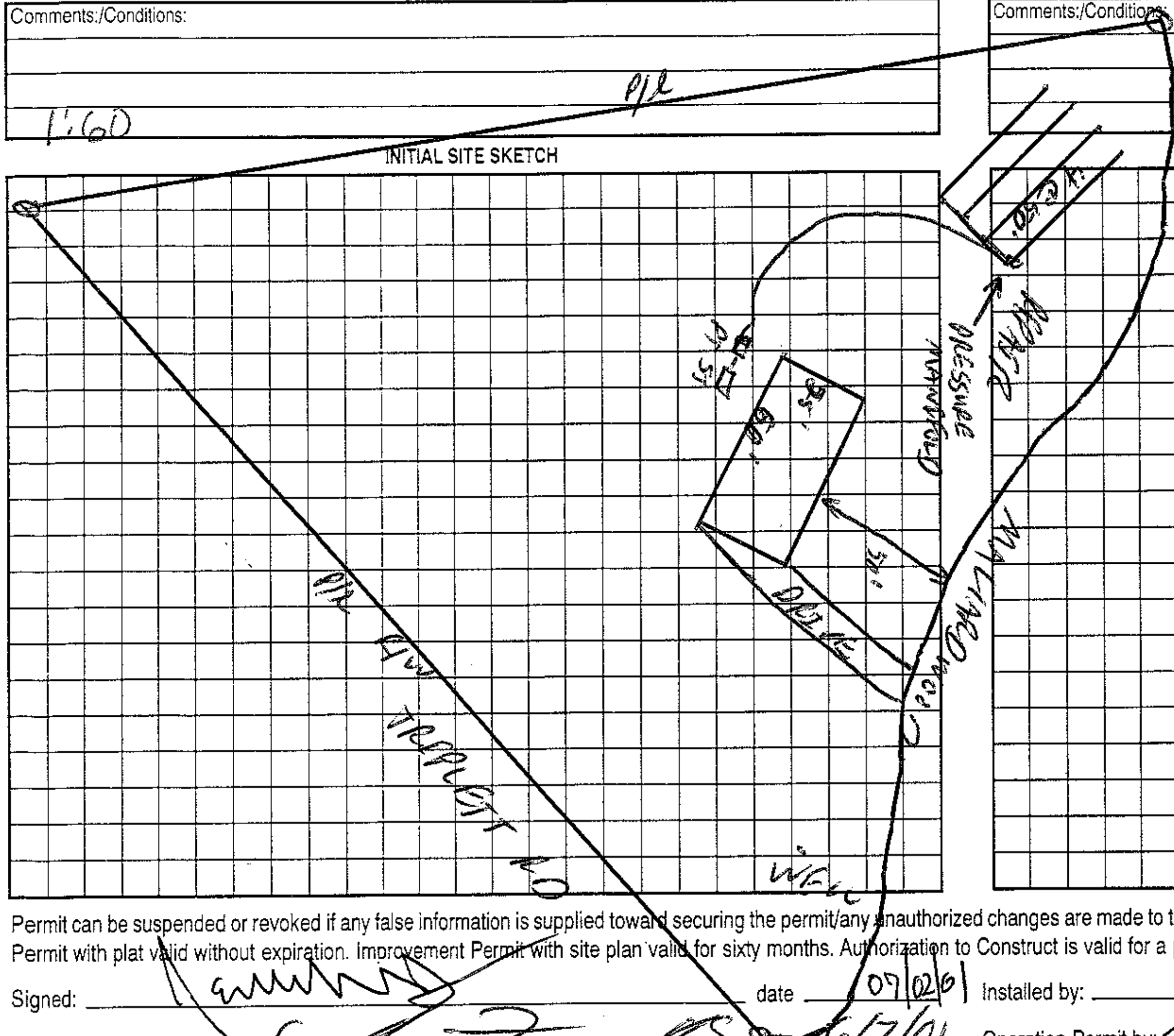
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 1:60

Comments:/Conditions: Lines & Tanks checked bylws Pressure checked 4/16/03 MD

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 07/02/01 Installed by: Craig Thompson

Improvement Permit by: [signature] RS date 6/7/01 Operation Permit by: [signature] RS date 7/25/03

Authorization to Construct by: Wesley Sparks R.S. date 4/15/03 Existing System Inspection by: ______ date ______

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