IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid 2.00 MOORESVILLE 704-664-5281

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

PERMIT# 93020 PIN# ~~4679029878 PT~~ 4679-12-3086 DATE 5/16/01

OWNER OR CONTRACTOR BEECHWOOD PARTNERS / SCOTT BRUCE PHONE: Business 664-9080 Home 948-0847

ADDRESS 225 ROLLING HILLS RD MOORESVILLE

LOCATION 501 N - TL TRIPLETT - TL MALLARDWOOD - TL WOODBINE - ON LT

SUBDIVISION BEECHWOOD EST. BLOCK / SECTION ____ LOT 30 LOT AREA 1.59 AC(+) SITE CLASS. PS DESIGN FLOW 360GD L.T.A.R. .300/FT²

Septic Tank: 1000 Gallons; STB 825 Date 4/27/01
Pump Tank: 0 Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
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: GRAVITY 25% REDUCTION
Repair System Description: GRAV./LP PANEL C
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

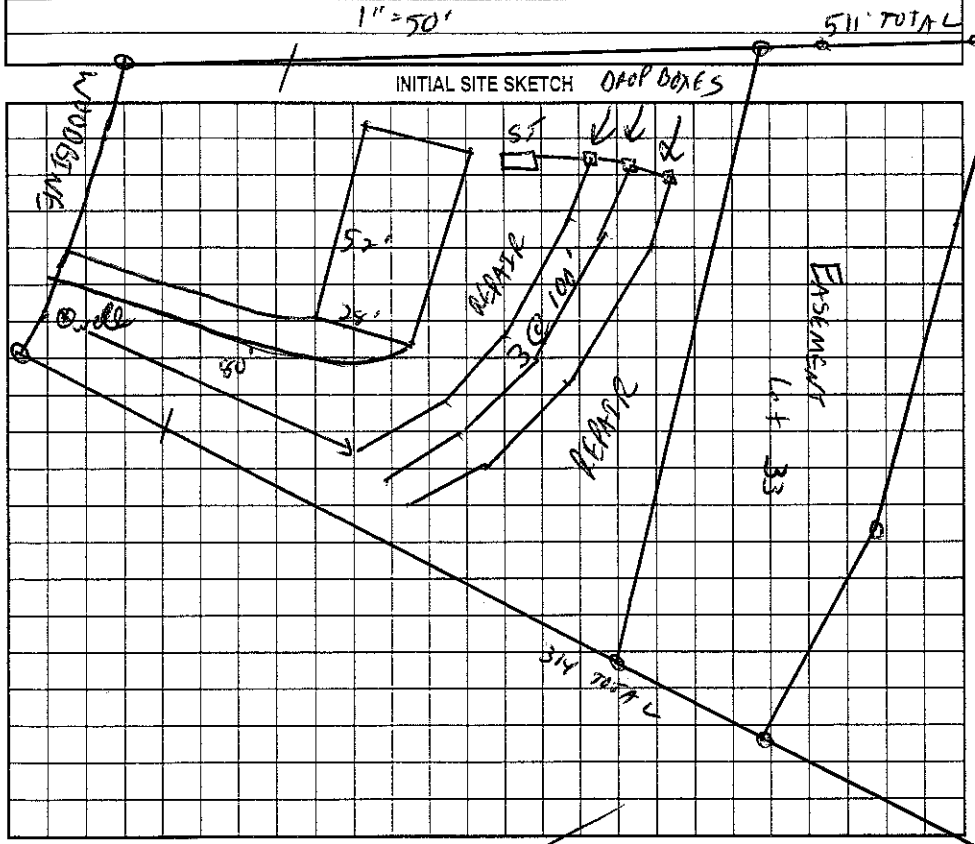
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

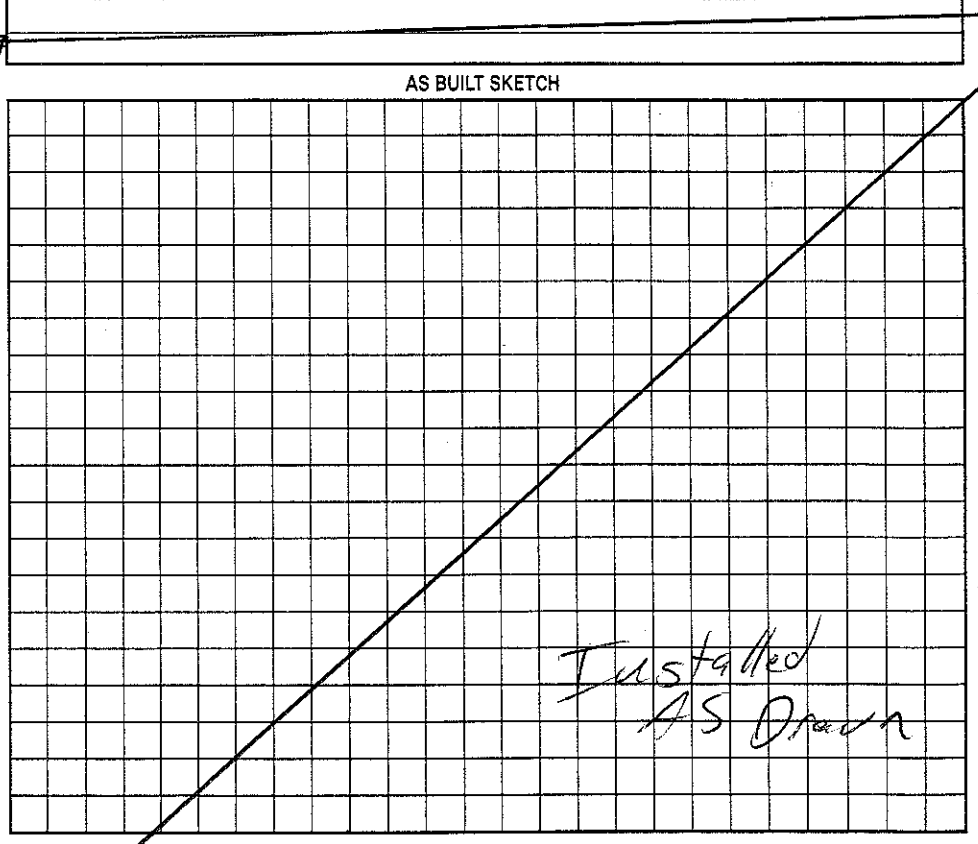
Comments:/Conditions:

Comments:/Conditions: Infiltrators Installed

INITIAL SITE SKETCH DROP BOXES



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 ____

Improvement Permit by: C. Gray Tew RS date 5/16/01

Authorization to Construct by: C. Gray Tew RS date 5/22/01

Installed by: Piedmont Septic

Operation Permit by: G. M. Ray RSI date 7/11/01

Existing System Inspection by: ____ date ____

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