IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093186 PIN# 4730 33 0610 (pt) DATE Dec 13, 00

OWNER OR CONTRACTOR David Beard PHONE: Business 892-8737 Home

ADDRESS 114 T Lane Mooresville NC 28117

LOCATION State Park Road TL Honeycutt Road ± 1/8 mile on Right - across from Remac Metals

SUBDIVISION BLOCK / SECTION LOT LOT AREA 6.3 Ac SITE CLASS 85 DESIGN FLOW 480gpd L.T.A.R. ~.37 gpd/sq ft

Septic Tank: 1000 Gallons; STB 714 Date 3/6/01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 4 @ 135' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

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

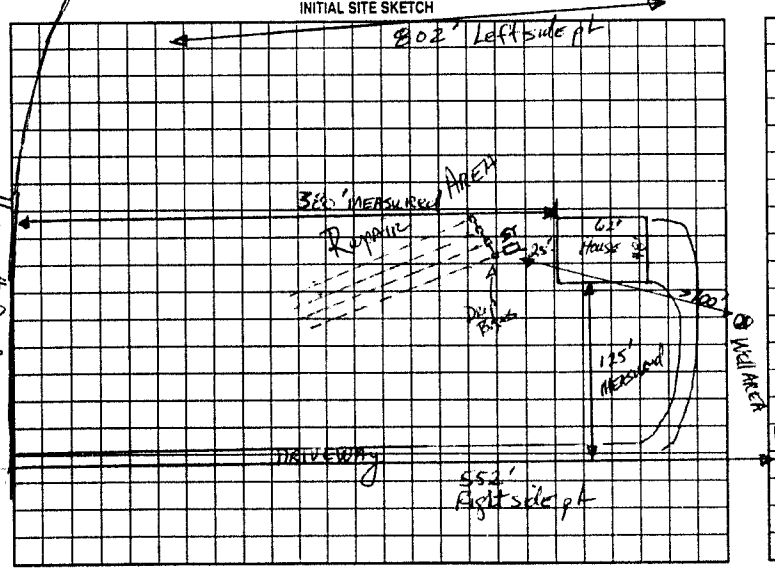
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Laterals to follow contour as flagged.

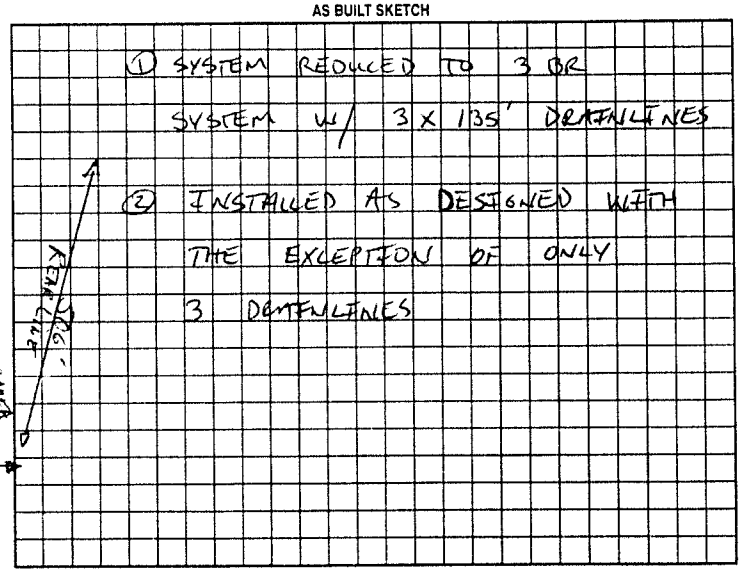
Comments/Conditions: 4/23/01 - SYSTEM DOWNSIZED TO 3-BR (3 @ 135')

4/27/01 - CHECKED UPPER AND LOWER DRAINLINES. T.S.

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 12/14/00

Improvement Permit by: [signature], RS date 12-13-00

Authorization to Construct by: [signature], RS date 12-13-00

Installed by: DAVID BEARD

Operation Permit by: [signature] date 5/4/01

Existing System Inspection by: date

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