IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

4639-13-4868

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18862 DATE Dec 3, '94 TAX MAP NO. 2SA51 Watershed: ☑ Yes ☐ No WSIV

OWNER OR CONTRACTOR ~~Conduit Resources, Inc~~ K2 Homes PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION Fern Hill Rd. to Bullfinch 4th lot on Right after entering Beacon Pt.

SUBDIVISION Beacon Pointe BLOCK / SECTION 1 LOT 4 LOT AREA .542 AC SITE CLASS. B per 1996 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2/12/96

Pump Tank: 1000 Gallons; PT 47 Date 7/5/96

Pump Make: Liberty Model LES1A Serial No. 2294

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270

No Lines 4 Trench Width 24" Max Trench Bottom Depth 28" Gravel Depth NA

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

System Description: LPPBPS

Repair System Description: LPP

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

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

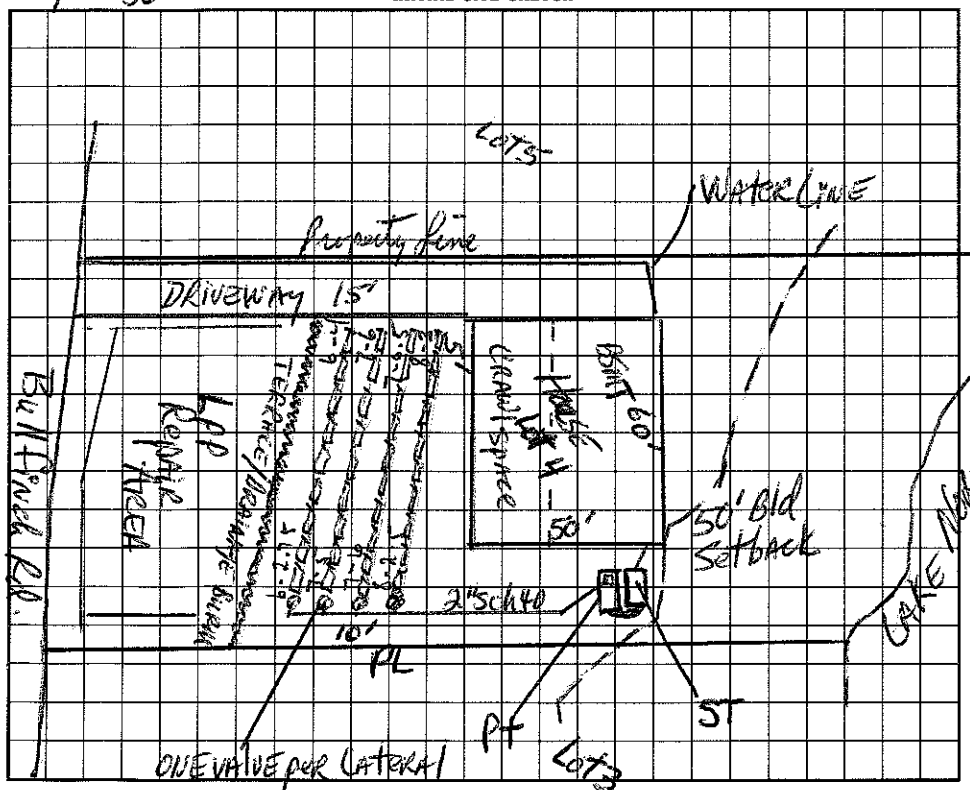
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Follow contour w/ laterals and keep shallow!
8/21/96 Tanks, drain lines approved - HWS
8/22/96 No water

Comments: ~~DEVELOPER~~ Authorization to Construct HWS
~~PERMIT~~ Pressure head set at 1' rather than 2' - 8/29/96 HWS
67-68° Electrical and Maintenance Contract pending.

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: ~~[signature]~~ 12/5/94

Improvement Permit by: Mark R. Hinson RS date 12/3/94

Existing System Inspection by: Authorization to Construct: Wesley Sparks RS date 4/24/96

Installed by: RL Macleod

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 10/31/96

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