IREDELL COUNTY HEALTH DEPARTMENT

Construct 4639-14-7991

STATE 878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 24255 DATE 8/12/96 TAX MAP NO. Pt of 3C 13 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Bill Brennan PHONE: Business 476 663-3455 Home 914-355-6611

ADDRESS RD 1 Box 4151 Middleton, NY 10940

LOCATION Marietta Rd. to 7th lot on (R) Fern Hill Dr to Bellfield Dr to Marietta to 7th lot on (R)

SUBDIVISION Beacon Pointe BLOCK / SECTION 2 LOT 13 LOT AREA 1.2 SITE CLASS PS DESIGN FLOW ~~480~~ 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4/26/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 900 AUS Serial No. 3004W3

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~1400~~

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: GRAV-CH PLASTIC

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

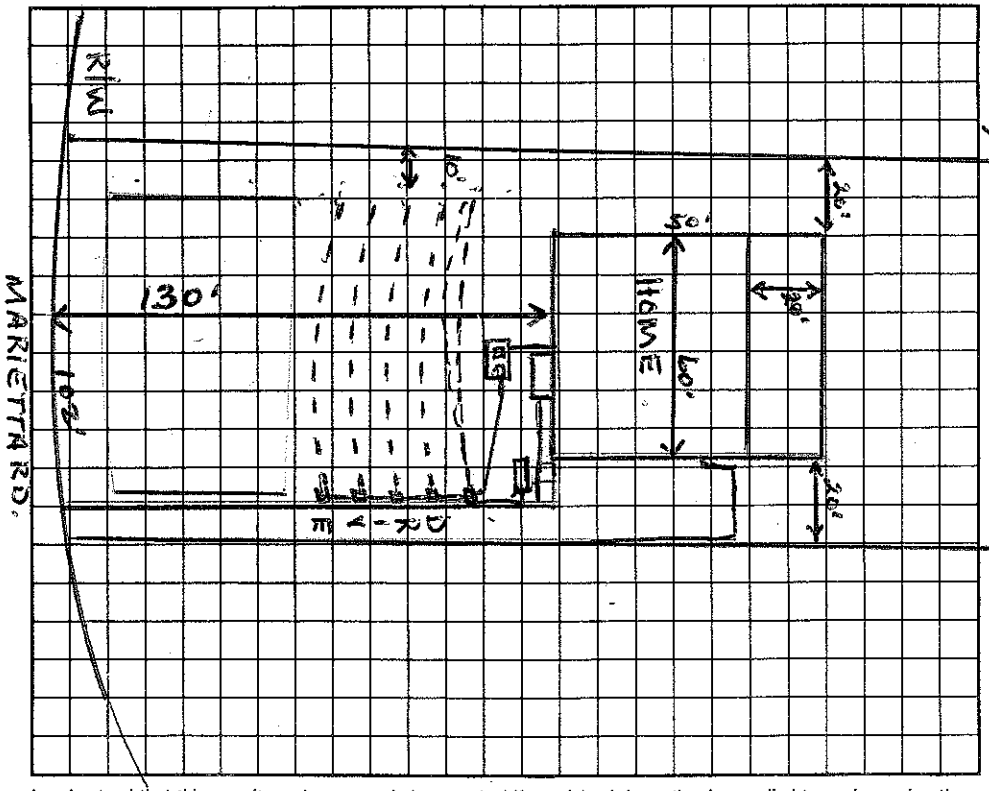
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Community ☐ Public BEACON POINTE

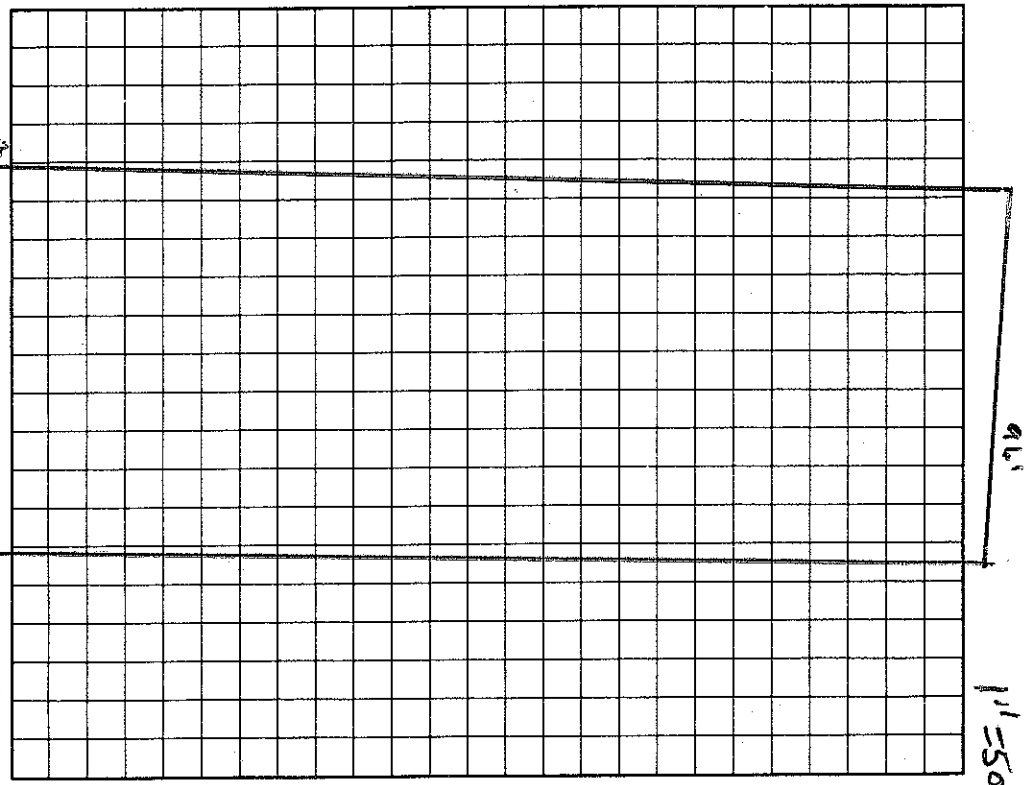
Comments: Lines on slope contour in direction shown. (4 @ 75' X 3')

Comments: 7/28/99 - Revised house plan, is only 3 BDRM. Change to 4 @ 75' X 3' Chm Plastic. Amb.

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.

Authorization to Construct valid 60 months.

Signed: Michelle Wilson

Improvement Permit by: Wesley Sparks R.S. date 8/12/96

Existing System Inspection by: Wesley Sparks R.S. date 8/12/96

Installed by: Larry Hinkle

Certificate of Completion by: Wesley Sparks R.S. date 4/8/00

Operation Permit by: _____ date _____

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