IREDELL COUNTY HEALTH DEPARTMENT

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

Statesville 878-5305 · Courtesy Construct 4639-14-7991 · Mooresville 704-664-5281

PROPERTY DESCRIPTION NO. 24255 DATE 8/12/96 TAX MAP NO. Pt of 3C 13

OWNER OR CONTRACTOR Bill Buenaw PHONE: Business 6/6 663-5655 Home 914-355-6611

ADDRESS RD 1 Box 415I Middletown NY 10940 Watershed: X Yes ☐ No

LOCATION Marietta Rd. to 7th lot on (R) Fern Hill TR Bullfinch TR Marietta to 7th lot on (R)

SUBDIVISION Beacon Pointe BLOCK / SECTION 2 LOT 13 LOT AREA 1.2 SITE CLASS PS DESIGN FLOW ~~440~~ 330 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4/26/99 — X New System ☐ Repair System Type: I, II, (III), IV, V, VI

Pump Tank: ____ Gallons; PT ____ Date ____ — System Description: GRAV-CH PLASTIC

Pump Make: ____ Model ____ Serial No. 300MB — Repair System Description: SAME

Nitrification Field: No Fields 1 Square Feet ~~900~~ 1000 Linear Feet ~~460~~ 460 — Maintenance Agreement Required: ☐ Yes X No

No Lines 4 @ 50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

X House/Mod. Home No. Bedrooms 4 — ☐ Mobile Home No. Bathrooms 4 — ☐ Business No. Employees ____ — ☐ Other ____

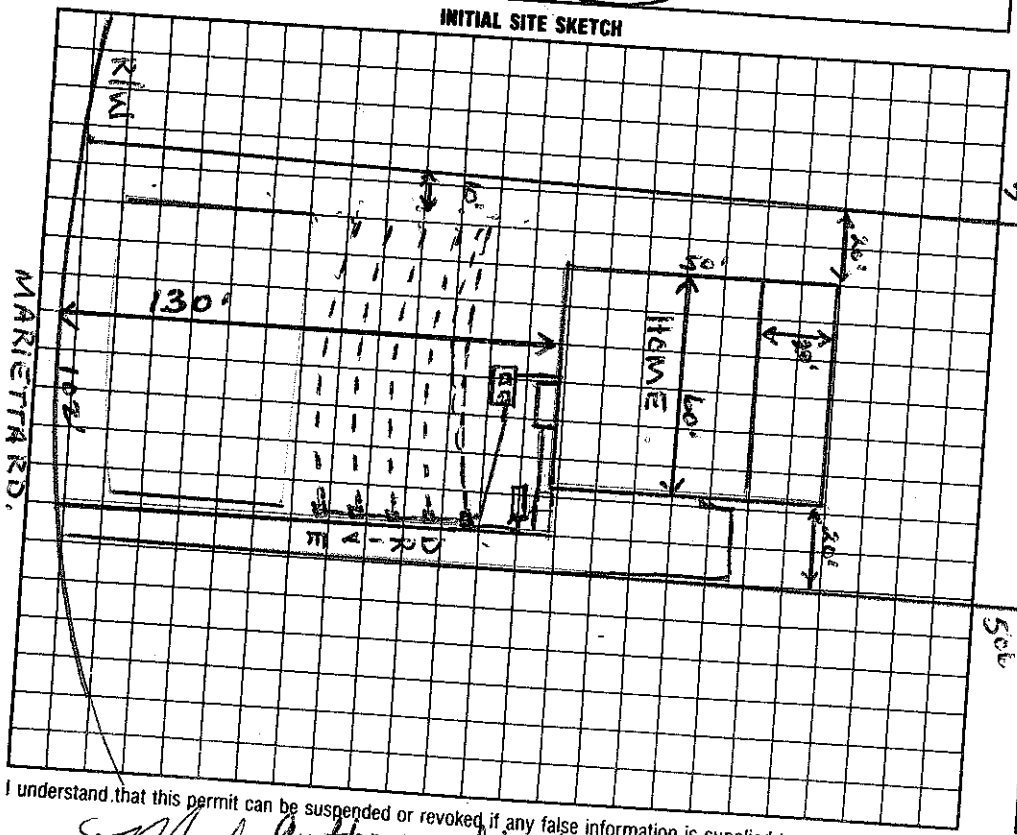
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual X Community ☐ Public — BEACON POINTE

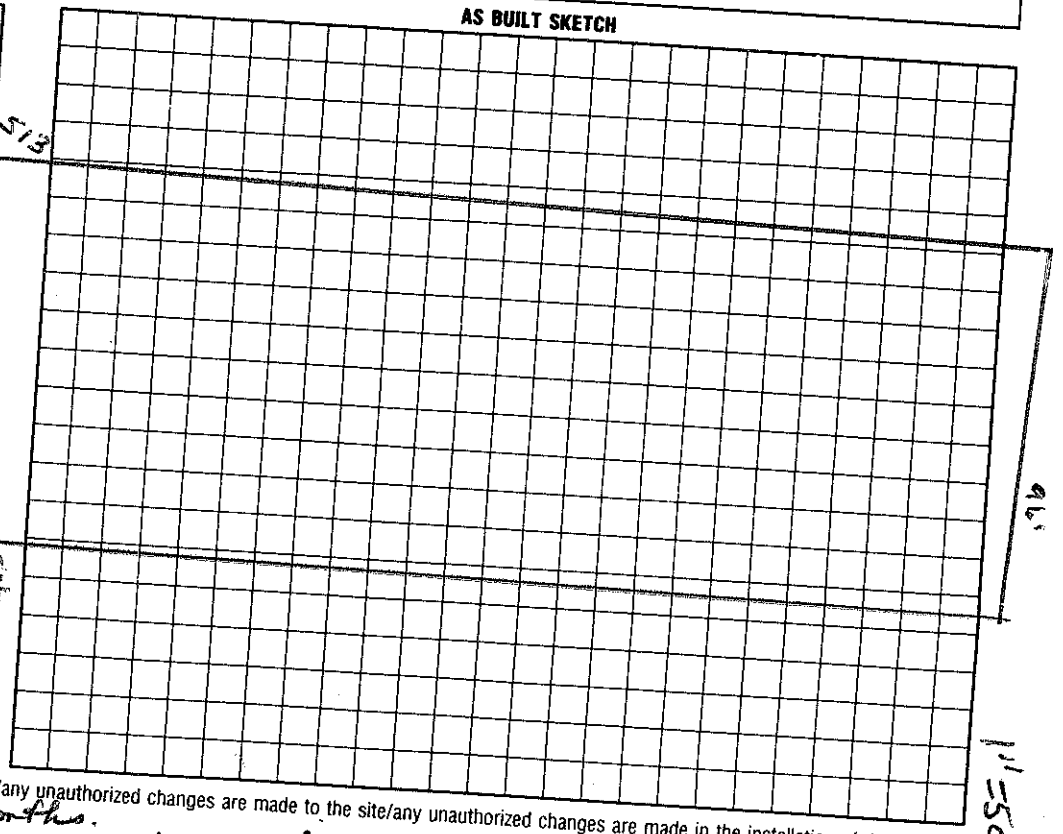
Comments: Lines on slope contour in direction shown. 4 @ 75' x 3'

Comments: 7/28/99 - Revised house plan, is now 3 BDRM. Change to 4 @ 75' x 3' Chamber Plastic. Adds.

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.

Signed: F. Michelle Wilhelm Authorization to Construct valid 60 months.

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

Existing System Inspection by: Wesley Sparks RS. 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