375 2:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19085 PIN# 4639-23-5076.021 4639-22-2373 DATE June 30, 04

OWNER OR CONTRACTOR Deacon Pt. Partners / Lake Wake PHONE: Business ______ Home ______

ADDRESS P.O. Box 3608 Mooresville, N.C. 28117

LOCATION Perth Rd N. TL Fern Hill TR Wolf Hill 3rd Lot on left

SUBDIVISION Beacon Pt. BLOCK / SECTION 4 LOT 21 LOT AREA .853 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 9-3-06
Pump Tank: 1000 Gallons; PT 27 Date 10-10-06
Pump Make: Goulds Model WE0312ML Serial No. ______
Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320
No Lines 4 Trench Width 24" min 6' oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LPPBPS
Repair System Description: LPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

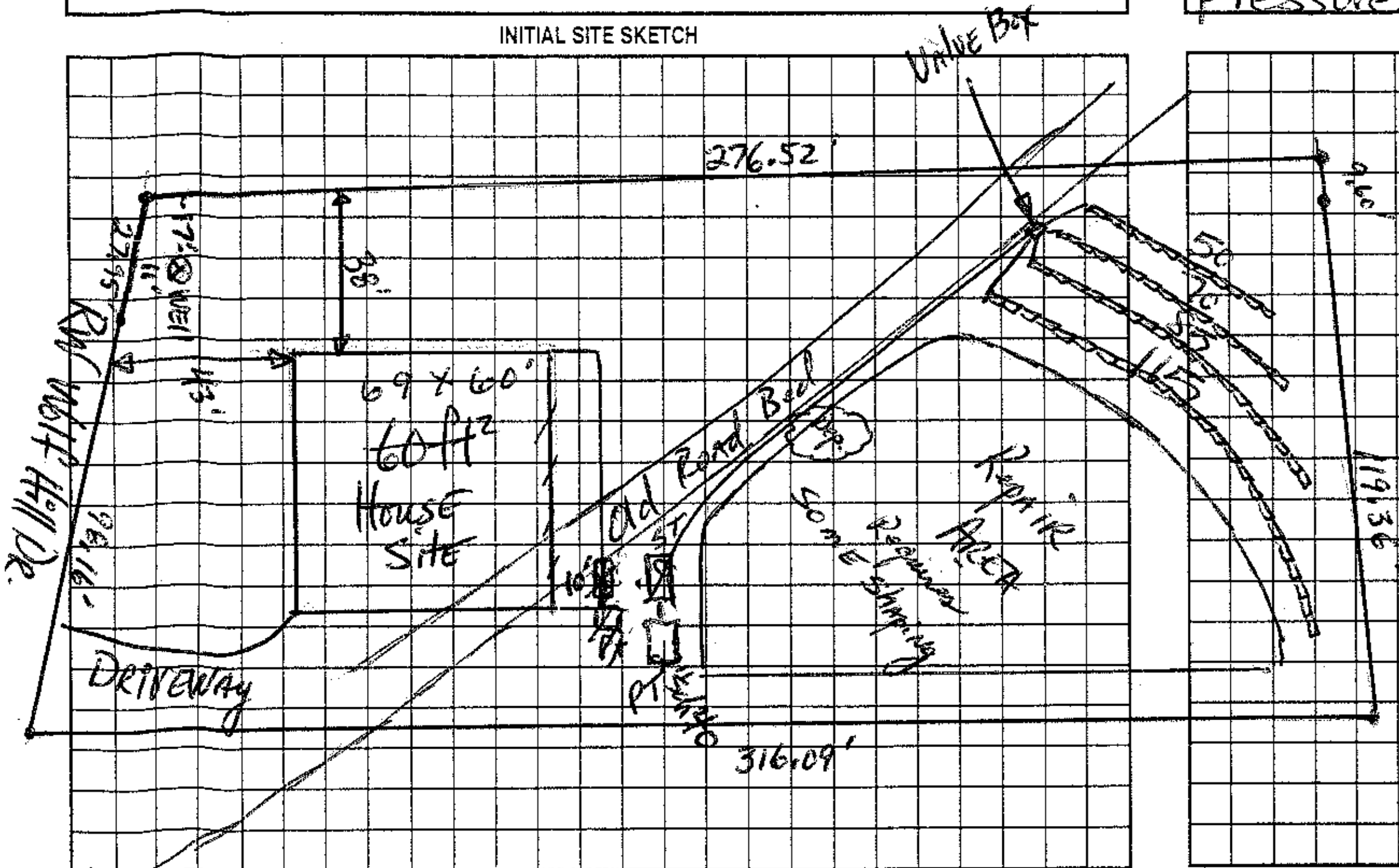
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ______
☐ Other ______
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: or 36" min 9' oc
In line filter Required in pump tank.

Comments:/Conditions: 10/10/06 - Applied for Redraw for gravity system (Denied) JA
Tanks & lines checked 12/12/06
Pressure, elect & alarm 3/23/07

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: ______ date 7-12-07

Improvement Permit by: ______ date 6-30-04

Authorization to Construct by: ______ date 3-20-06

Installed by: R & H

Operation Permit by: ______ RS date 3/23/07

Existing System Inspection by: ______ date ______

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