REDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (0) MOORESVILLE 704-664-5281

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

PERMIT# 119087 PIN# ~~4639 23 5078.023~~ 4639-22-4162 DATE 8/3/05

OWNER OR CONTRACTOR BEACON PT. PARTNERS / MARK INGLE PHONE: Business 704 634 0849 Home 704 735 9739

ADDRESS 510 CAMP CREEK RD IRON STATION, NC 28080

LOCATION PERTH RD (L) FERN HILL DR (R) WOLF HILL DR (D) LOT CORNER OF FERN HILL AND WOLF HILL

SUBDIVISION BEACON POINT BLOCK / SECTION 4 LOT 23 LOT AREA 1.49 ACRES SITE CLASS. PS DESIGN FLOW 480gPD L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 794 Date 7/23/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: GRAVITY 45% REDUCTION
Repair System Description: LP PBPS
Maintenance Agreement Required: [ ] Yes [X] No

[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

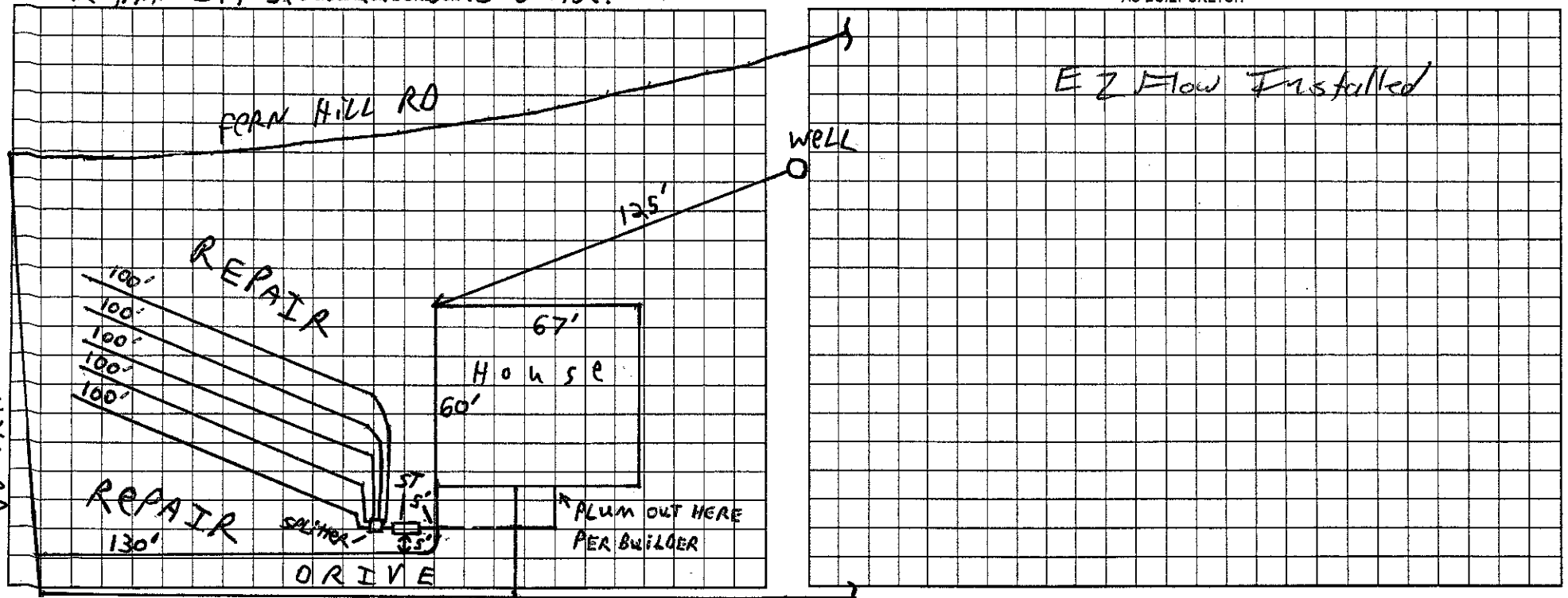
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. USE EFFLUENT SPLITTER SUCH AS ZOELLER Y&U-FLO. SET FINISHED GRADE SO THAT SEPTIC TANK LINE FROM HOUSE CAN MAINTAIN FALL WITH SEPTIC TANK NO DEEPER THAN 1 FT BELOW FINISHED GRADE.

Comments/Conditions: THIS PERMIT VOIDS OLD PERMIT DATED 4/7/05.

SCALE: 1" = 50'

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 8/22/05 Installed by: Long Grading

Improvement Permit by: _____ date 8/3/05 Operation Permit by: _____ date 9/6/05

Authorization to Construct by: _____ date 8/3/05 Existing System Inspection by: _____ date _____

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