4639-22-6482

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# ~~H9076~~ 20850 PIN# 4639235078.014 Dave White DATE 2-26-07

OWNER OR APPLICANT Dewey Tandy Henderson/White House Bld PHONE: Business 309-4301 Home

ADDRESS P.O. Box J 43011 Mooresville, NC 28117

LOCATION Perth Rd N. TL Fern Hill Rd TR Wolf Hill Dr 1st lot on right

SUBDIVISION Beacon Pt BLOCK / SECTION 4 LOT 14 LOT AREA 1.243 Acre SITE CLASS. PS DESIGN FLOW 480gpd A.A.R. .3

Septic Tank: 1000 Gallons; STB 525/1000 Date 7/30/14

Pump Tank: 1000 Gallons; PT 302 Date 8/12/14

Pump Make: Zoeller Model N152-B Serial No. F2-0010

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump-PM-25% Reduction

Repair System Description: Pump-LP-Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

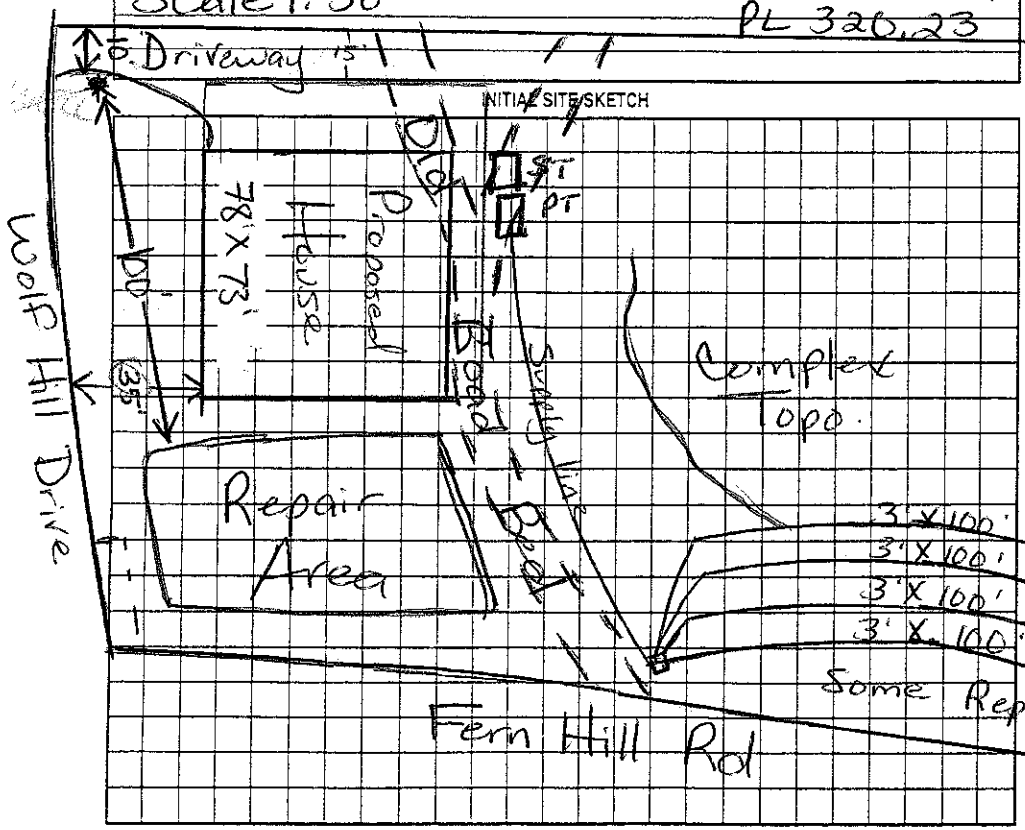
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

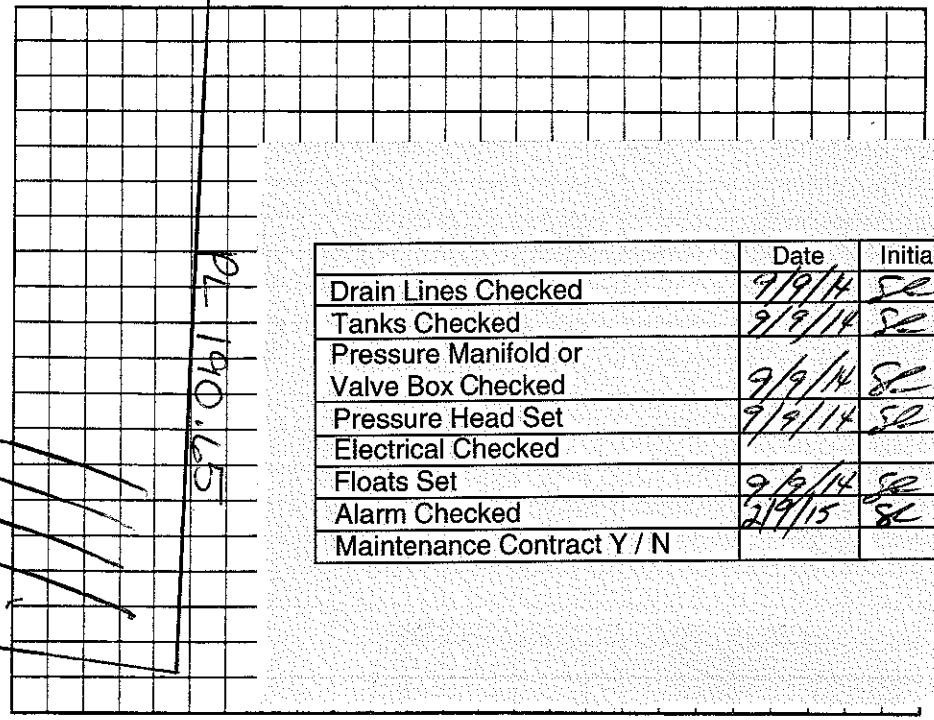
Scale 1:50'

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	9/9/14	SE
Tanks Checked	9/9/14	SE
Pressure Manifold or Valve Box Checked	9/9/14	SE
Pressure Head Set	9/9/14	SE
Electrical Checked		
Floats Set	9/9/14	SE
Alarm Checked	2/9/15	SE
Maintenance Contract Y / N		

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: [signature] date 2/26/07 Installed by: Rowan Septic

Improvement Permit by: [signature] RS date 2/26/07 Operation Permit by: [signature] APPROVED FEB 09 2015

Authorization to Construct by: [signature] date APPROVED MAR 31 2014 Existing System Inspection by: ___ date ___

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

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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119076 PIN# 4639-23-5078.014 DATE June 29, 04

OWNER OR CONTRACTOR Beacon Pt. Partners LLC PHONE: Business _____ Home _____

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

LOCATION Poth Rd. N. TL Fern Hill Rd. TR Wolf Hill Dr. 1st Lot on Right

SUBDIVISION Beacon Pt. BLOCK / SECTION 4 LOT 14 LOT AREA 1.243Ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NR

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

System Description: Am 25% Reduction

Repair System Description: LPPABS

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

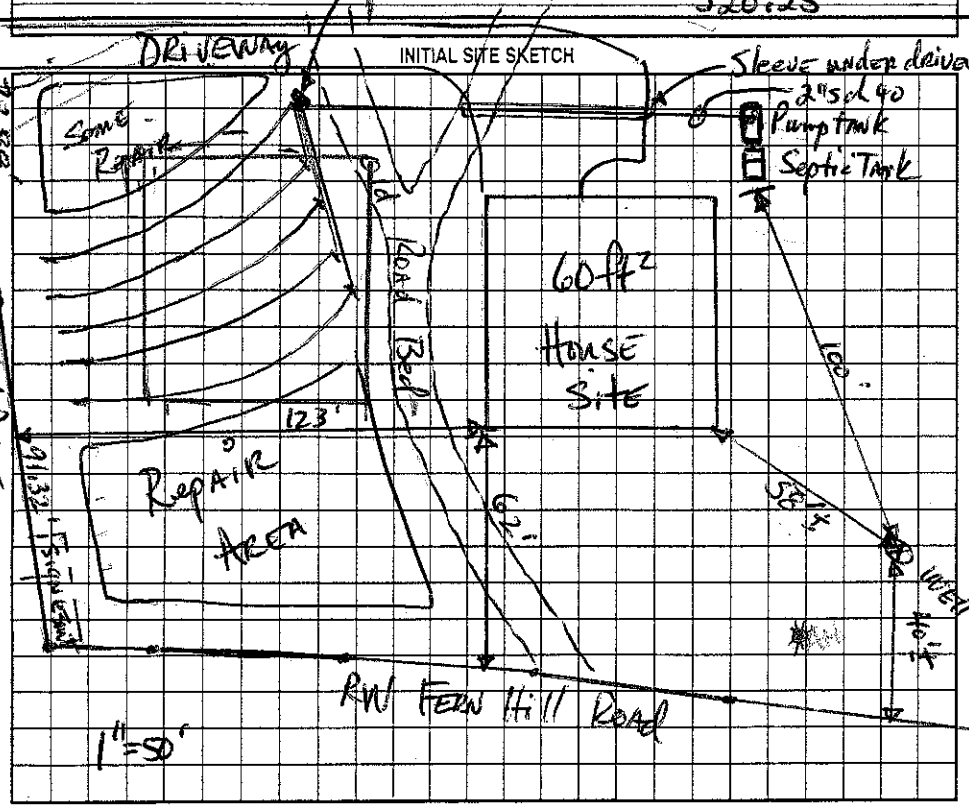
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

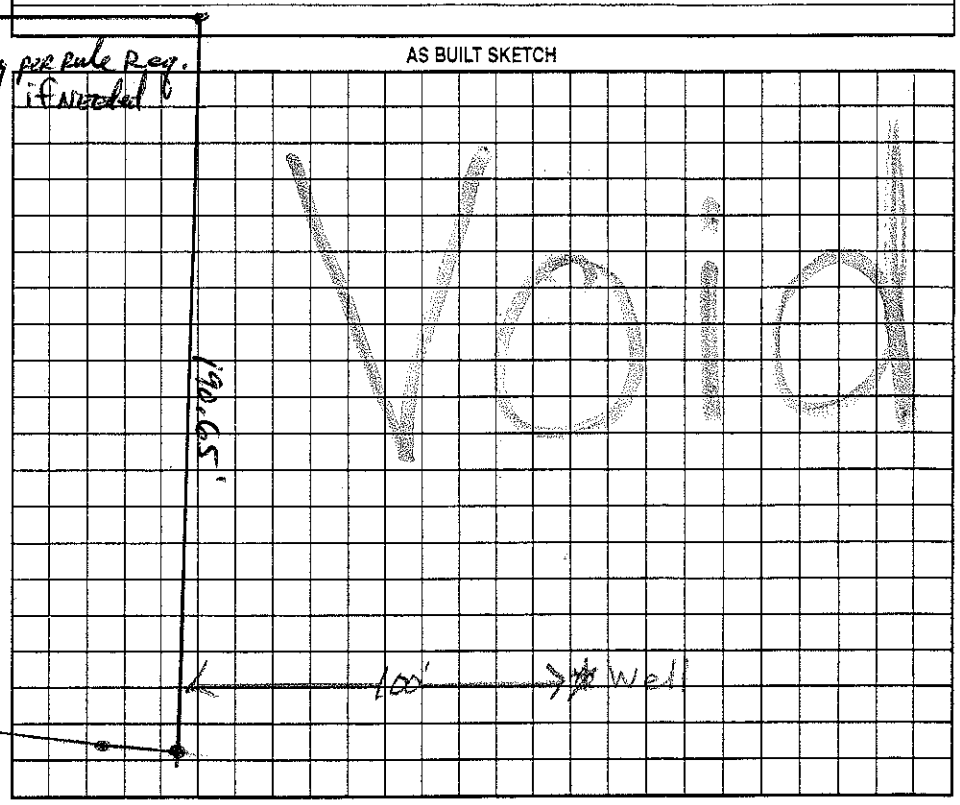
4" sch 80 pvc

320.23'

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 7-12-04 Installed by: _____

Improvement Permit by: _____, RS date 6-29-04 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

65x53