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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# 119072 PIN# ~~4639-23-5898.010~~ 46392289917 DATE June 25, 04

OWNER OR CONTRACTOR Beacon Pt. Partners / Marquee Homes PHONE: Business ______ Home ______

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

LOCATION Perth Rd. N. TL Fern Hill TR Frostcliff Lane on left near end

SUBDIVISION Beacon Pt. BLOCK / SECTION 4 LOT 10 LOT AREA 1.527ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4/2/04
Pump Tank: 1000 Gallons; PT 17 Date 4/2/04
Pump Make: Goulds Model WE20 312 MM No. B6538988
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ______

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: pm 25% Reduction
Repair System Description: LPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees ______

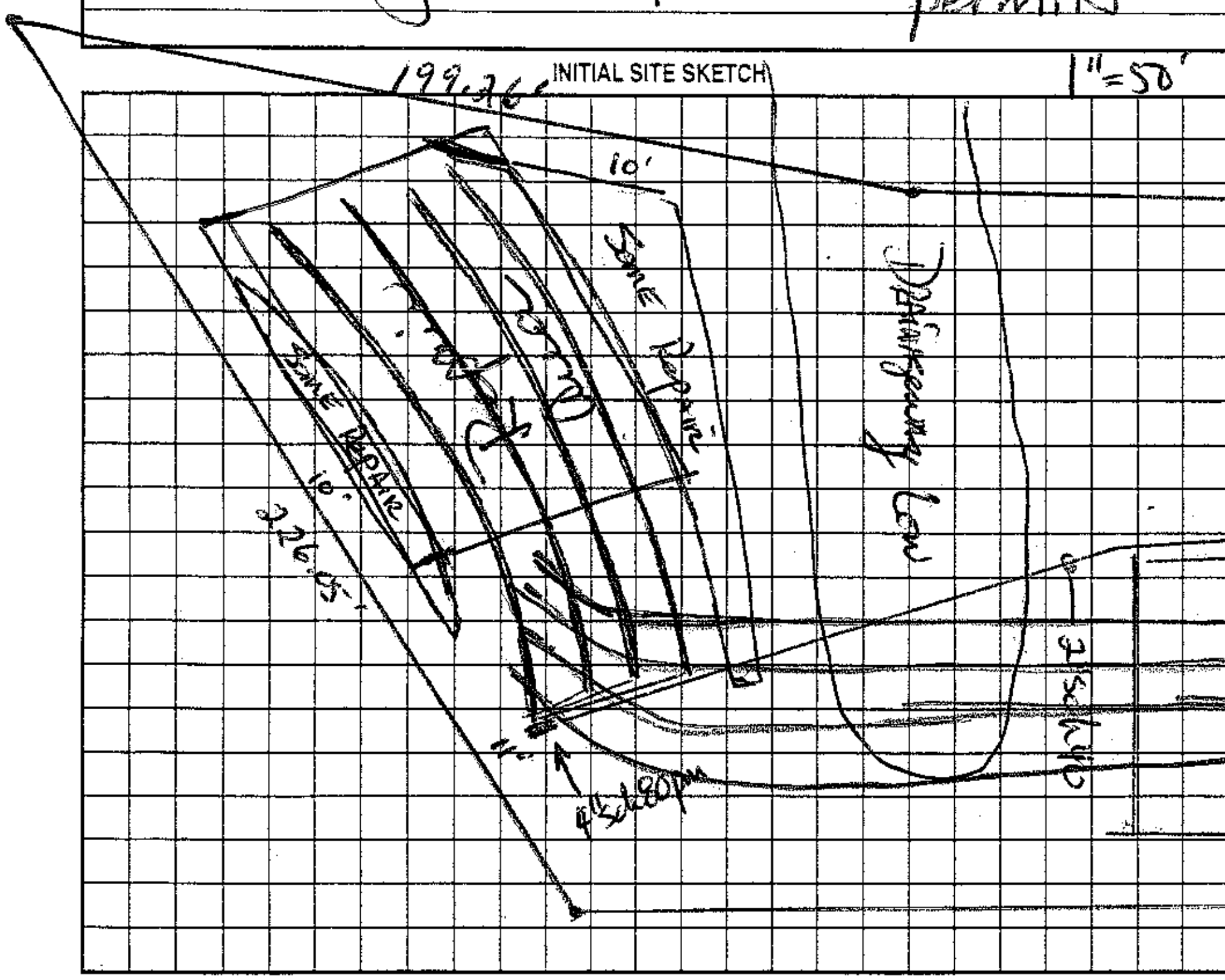
Water Supply: ☑ Individual ☐ Public ☐ Community

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

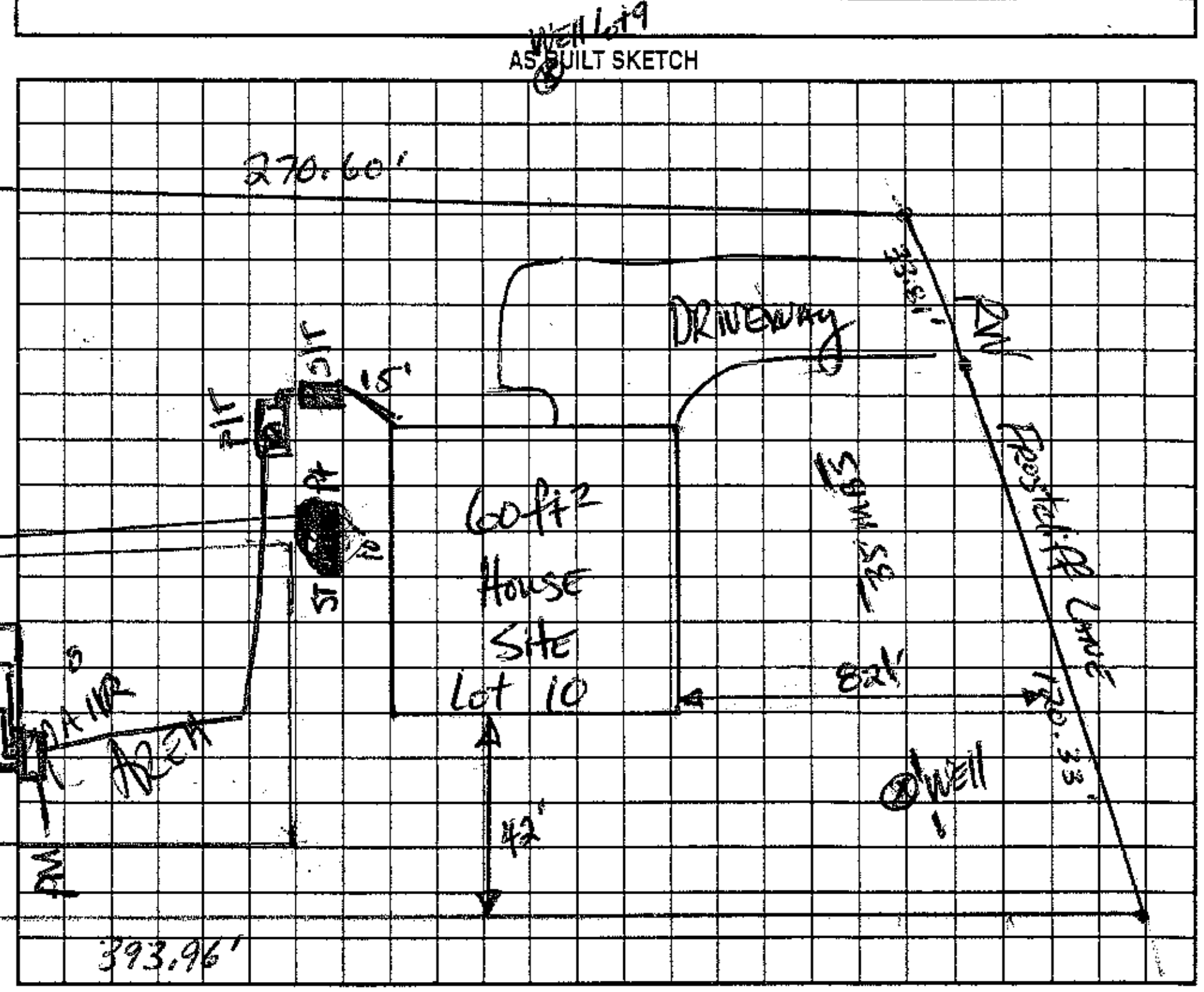
Comments:/Conditions: Reviewed plans & site plan 12/8/04. essentially in compliance with original permit

Comments:/Conditions: Outside Clean

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: [signature] date 7-12-04 Installed by: Piedmont Backhoe Service

Improvement Permit by: D. Hunter RS date 6-25-04 Operation Permit by: Wesley Sparks R.S. date 5/26/05

Authorization to Construct by: [signature] RS date 12/8/04 Existing System Inspection by: ______ date ______

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