$130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114973 PIN# ~~4639-23-5078, 8~~ 4639231581 DATE Jan 5, 04

OWNER OR CONTRACTOR Beacon Point Partners LLC - JAMES NORMAN CUSICK PHONE: Business _____ Home _____

ADDRESS P.O. Box 3608, Mooresville, NC 28117

LOCATION Poeth Rd. N. TL Fern Hill TR Bullfinch SFE 8A - 1st on left to Lot 8 TL Fox Hunt Ct. at end

SUBDIVISION Beacon Point BLOCK / SECTION 3 LOT 8/8A LOT AREA .959Ac + .693Ac SITE CLASS. PS SFE DESIGN FLOW 480 gpd L.T.A.R. .025 SFE 8A

Septic Tank: 1000 Gallons; STB 1794 Date 11/22/04

Pump Tank: 1000 Gallons; PT 293 Date 11/23/04

Pump Make: Goulds Model WE 1512HH Serial No. 5409

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480 49.79

No Lines 6 @ 80 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PM - 25% Reduction

Repair System Description: LPPBPS 1

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ 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:

Comments:/Conditions:

INITIAL SITE SKETCH

1"=60'

AS BUILT SKETCH

Not to Scale

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 1-9-04 Installed by: Dan Clark

Improvement Permit by: _____ date 1-5-04 Operation Permit by: Wesley Sparks RS. date 5/13/05

Authorization to Construct by: _____ date 1/28/04 Existing System Inspection by: _____ date _____

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