$130

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5291

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

PERMIT# 114974 PIN# ~~4639-23-5078-9~~ 4639233543 DATE Jan 6, 04

OWNER OR CONTRACTOR Beacon Point Partners LLC // Lake Norman Custom Bldg Inc PHONE: Business _____ Home _____

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

LOCATION Veeth Rd. N. TL Fern Hill TR Bullfinch (SFE 9A on left) to Lot 9 TL Fox Hunt Ct. ATEND on left

SUBDIVISION Beacon Point BLOCK / SECTION 3 LOT 9/9A LOT AREA 1.173ac ± .911 AC SITE CLASS PS SFE DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 11/3/04

Pump Tank: 1000 Gallons; PT 283 Date 11/24/04

Pump Make: Gould Model ~~1SE0~~ 1SH2 Serial No. 12/04

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines ~~Seep~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ 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 No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

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

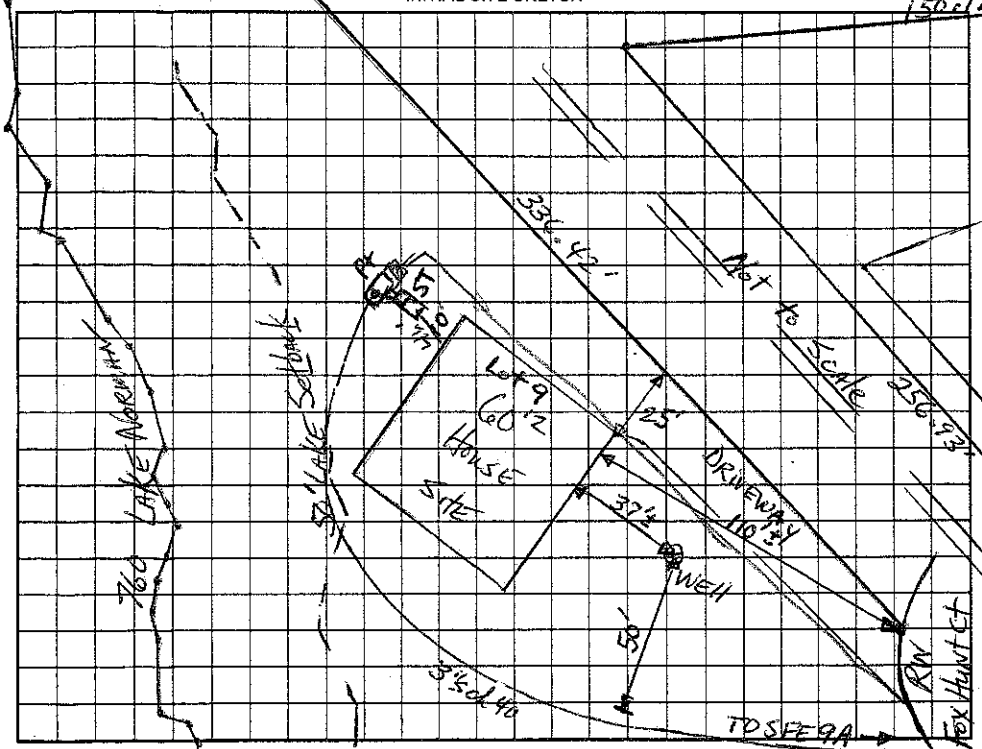
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

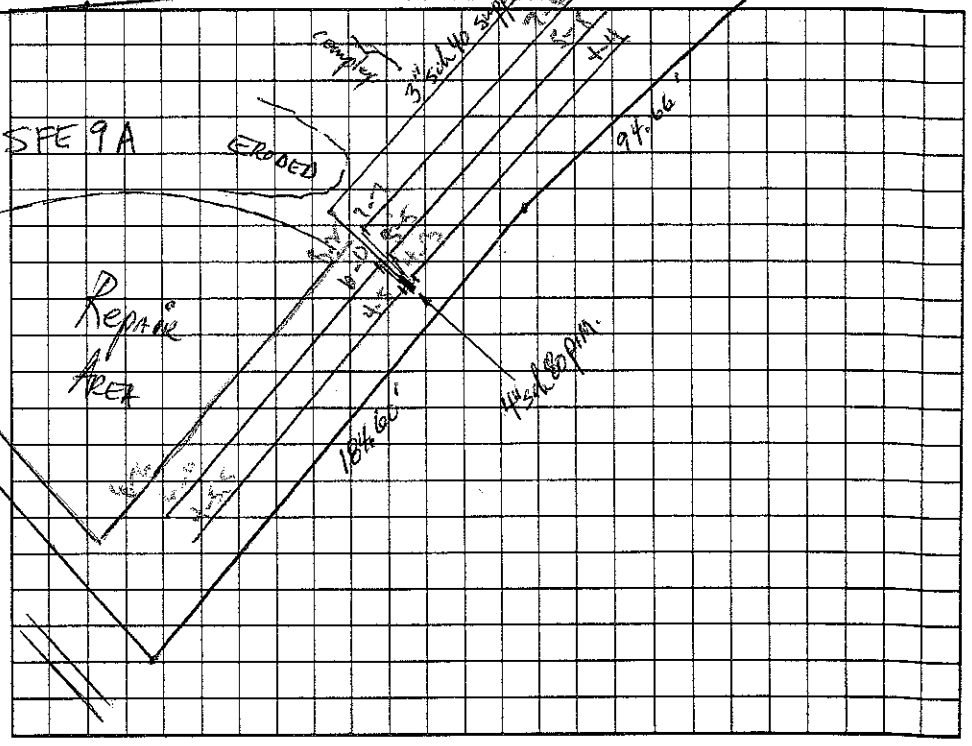
Comments:/Conditions:

INITIAL SITE SKETCH

1"=60'



AS BUILT SKETCH



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 1-5-04 Installed by: Dave Clark

Improvement Permit by: _____ date 1-6-04 Operation Permit by: Wesley Sparks R.S. date 2/8/05

Authorization to Construct by: _____ date 5-12-04 Existing System Inspection by: _____ date _____

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