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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# 119079 PIN# 4639-23-5076 [illegible] 9074 DATE June 25, 04

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

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

LOCATION Perth Pl N TR Fernhill TR Frostcliff Lane 2nd lot on left

SUBDIVISION Beacon Pt. BLOCK / SECTION 4 LOT 11 LOT AREA 1.0104 ac SITE CLASS. B DESIGN FLOW 480 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 312 Date 11-11-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 1440 Linear Feet 480
No Lines 2+2 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially
Gravel Depth N/A

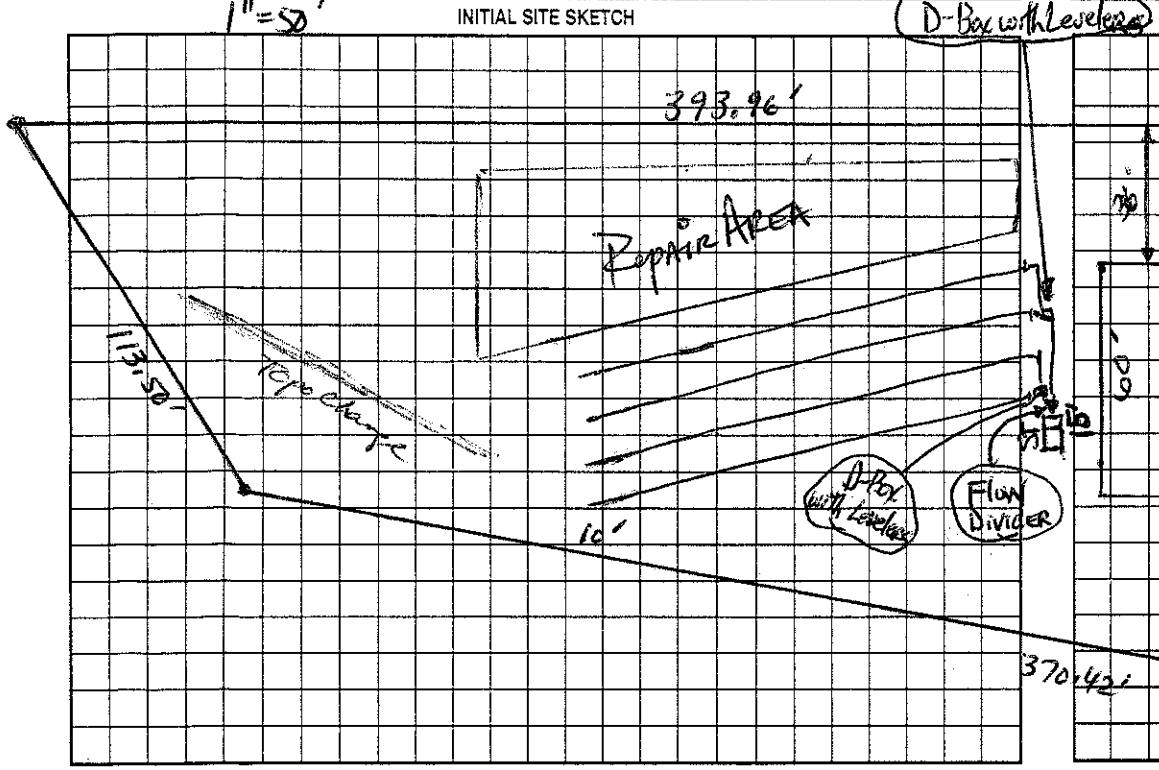
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

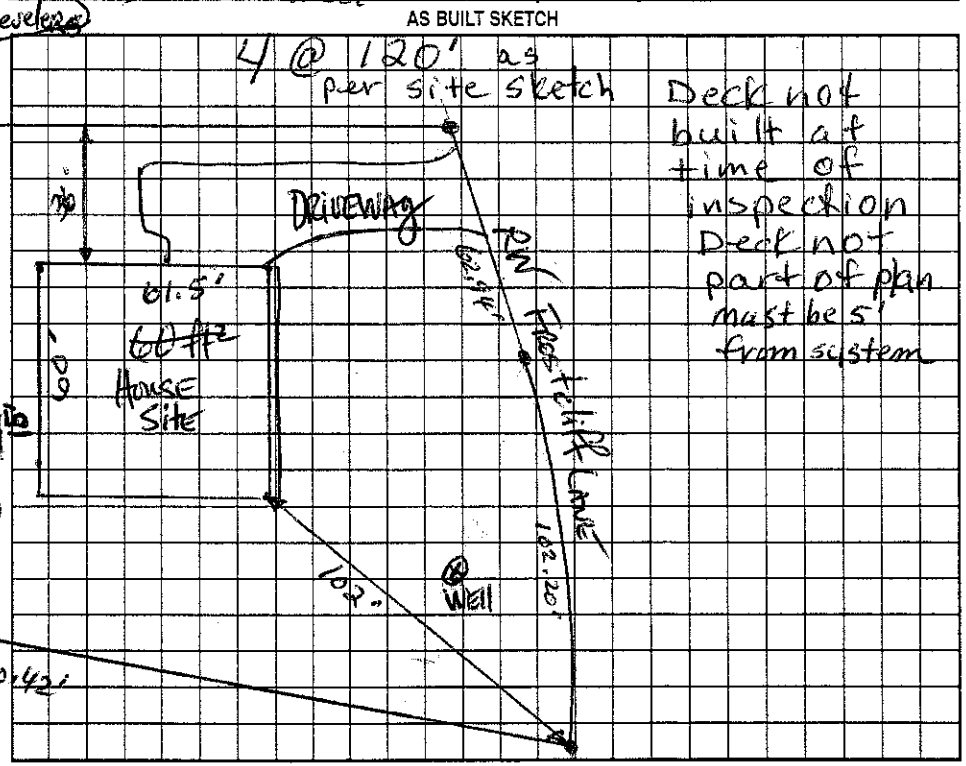
Comments:/Conditions:

Comments:/Conditions: House w/ crawl space
Red Poly-lok filter
ST w/ risers
Installed E-Z flow

1"=50' 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: Bass Grading

Improvement Permit by: _____ date 6-25-04 Operation Permit by: Judy Melville date 2-21-07

Authorization to Construct by: Judy Melville date 8-7-06 Existing System Inspection by: _____ date _____

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