$130

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

PERMIT# 14981 PIN# ~~4639-73-5878.12~~ 4639239867 DATE Jan 7, 04

OWNER OR CONTRACTOR Beacon Point Partners LLC / LAKE NORMAN Custom Builders PHONE: Business _____ Home _____

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

LOCATION Perth Rd. N. TL FERN Hill TR Bullfinch, TL Fox Hunt Ct. cul left

SUBDIVISION Beacon Point BLOCK / SECTION 3 LOT 12 LOT AREA 2.492 Ac. SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .2

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: Gould's Model WEO-3HP Serial No. 2/4/05

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 600

No Lines 5@120 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: 1 PM 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

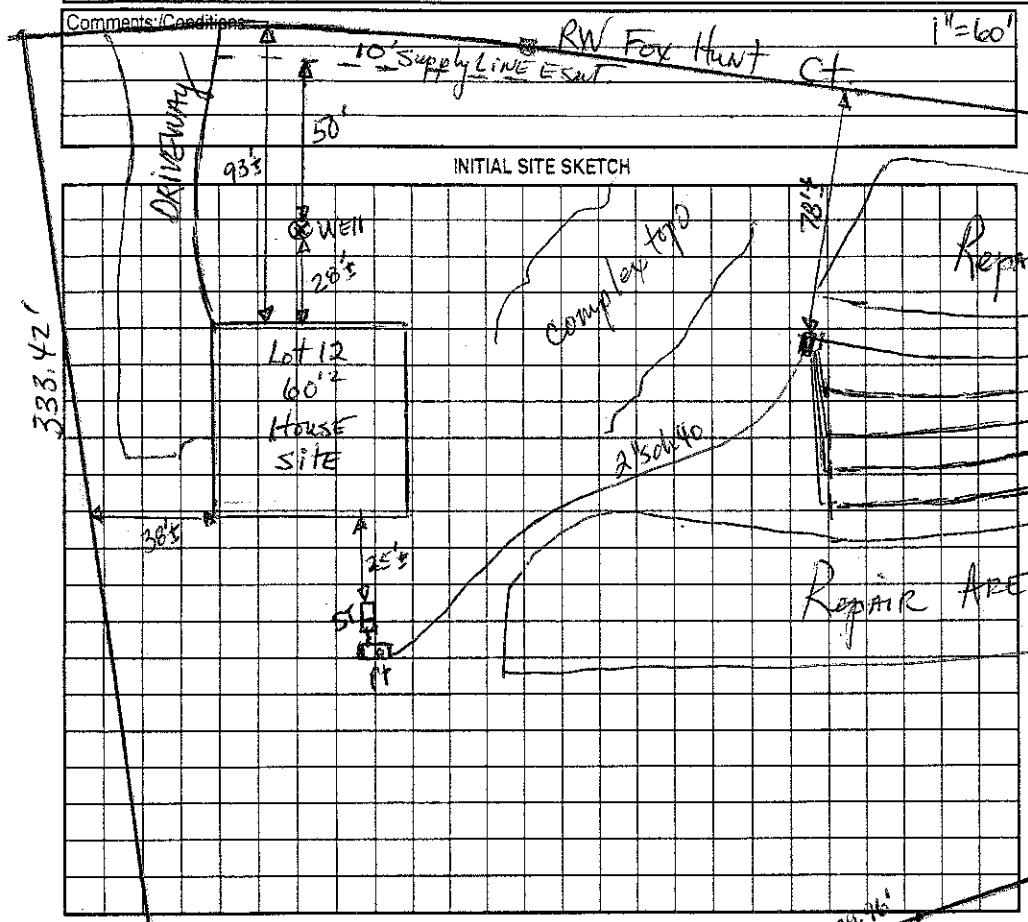
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

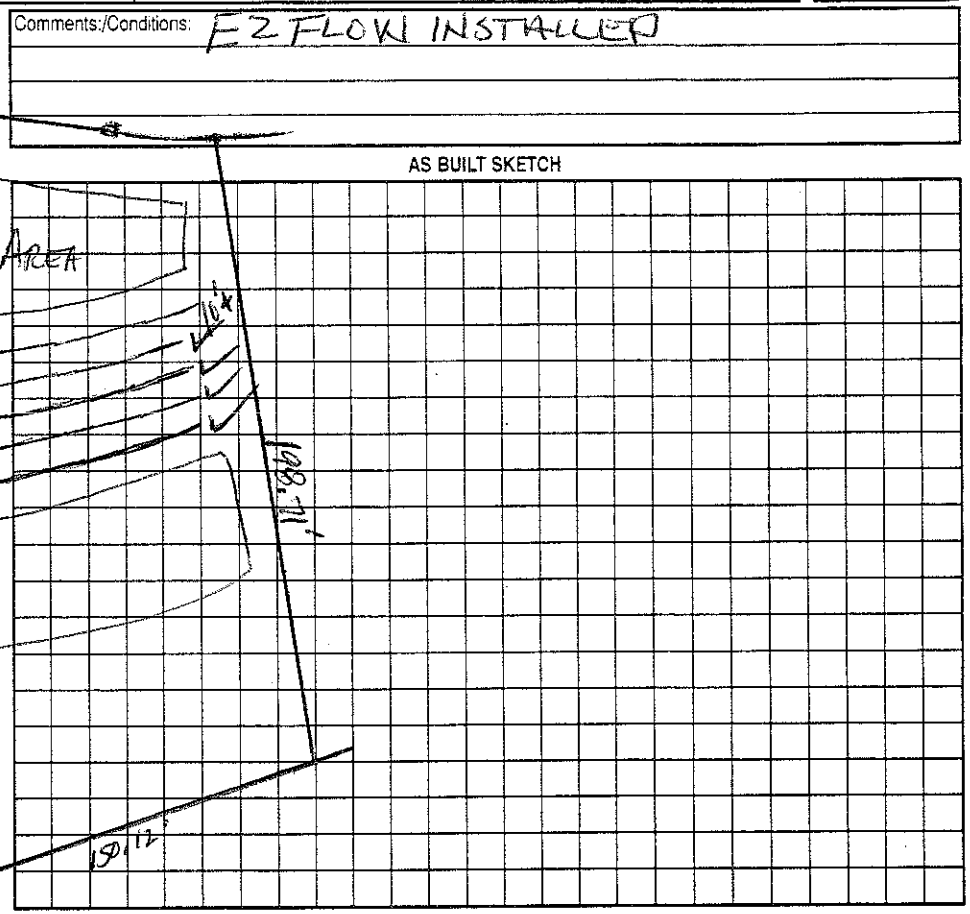
Comments:/Conditions: RW Fox Hunt Ct

Comments:/Conditions: EZFLOW INSTALLED

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 1-9-04 Installed by: Daniel Mahaffey

Improvement Permit by: 75.08' DR Hinson, RS date Jan 7, 04 Operation Permit by: Wesley Starnes R.S. date 5/11/05

Authorization to Construct by: _____ RS date 8/31/04 Existing System Inspection by: _____ date _____

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