IREDELL COUNTY HEALTH DEPARTMENT

Paid 50.00 8-7-00 3:00-0-

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

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

PERMIT# 078872 PIN# 4639 25 2057 DATE 8/3/00

OWNER OR CONTRACTOR Van Edwards Const. PHONE: Business 634-3676 Home

ADDRESS Faith Rd. Mooresville, NC. 28115

LOCATION Faith Rd. TL on Fawn Hill TR Marietta Rd. on (L)

SUBDIVISION Beacon Point BLOCK / SECTION 2 LOT 22 LOT AREA 1.02 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 825 Date 10-20-06

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450

No Lines 6@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: GRAV - CONVENTIONAL

Repair System Description: PRESSURE - CONVENTIONAL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees

[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

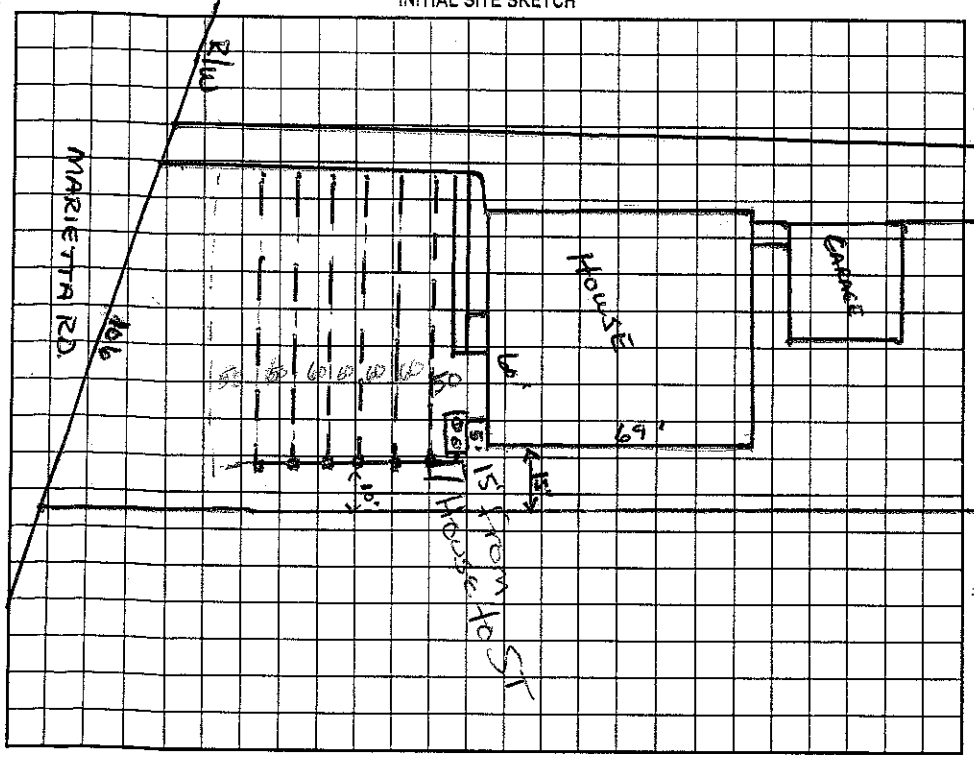
Water Supply: [ ] Individual [ ] Public [X] Community

Comments/Conditions: 7 lines

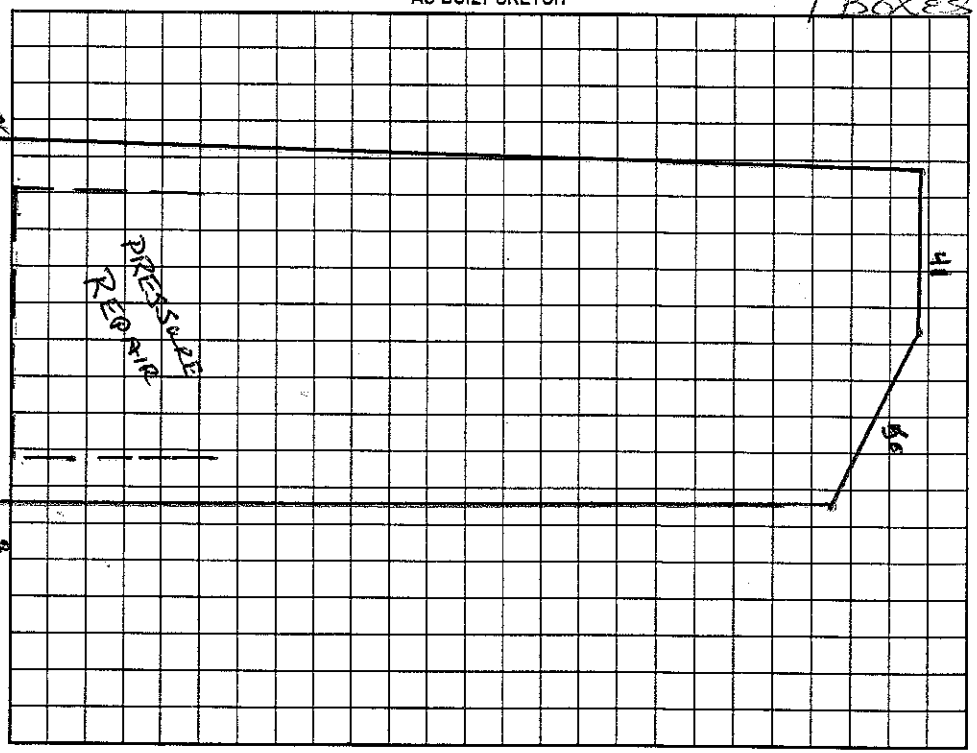
Comments/Conditions: Poly lok - filter installed

Installed Conv Drainlines w/ Drop Boxes

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: Lynn Graham date 8-2-00

Improvement Permit by: Wesley Sparks RS. date 8/3/00

Authorization to Construct by: Wesley Sparks RS. date 8/3/00

Installed by: Rowan Septic

Operation Permit by: Marietta Dotson RS. date 1/25/2001

Existing System Inspection by: date

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