Already Pd $50.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078871 (113873) PIN# 4639252116 DATE 6-9-03

OWNER OR CONTRACTOR Lake Norman Construction PHONE: Business 677-3479 Home 663-1339

ADDRESS 123 Old Timber Ln. Mooresville NC 28117

LOCATION Fern Hill Rd TR Marietta on left

SUBDIVISION Beacon Pt. BLOCK / SECTION II LOT 21 LOT AREA .99 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/23/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1260' Linear Feet 420'
No Lines 6 @ 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI, *
System Description: Gravity - 25% Reduction *
Repair System Description: Pump - Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

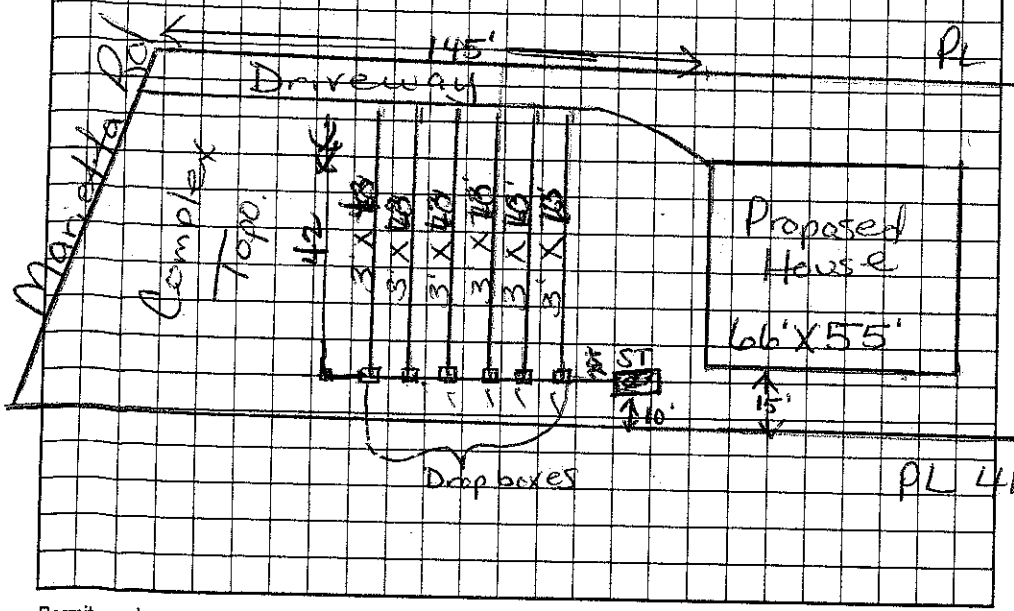
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

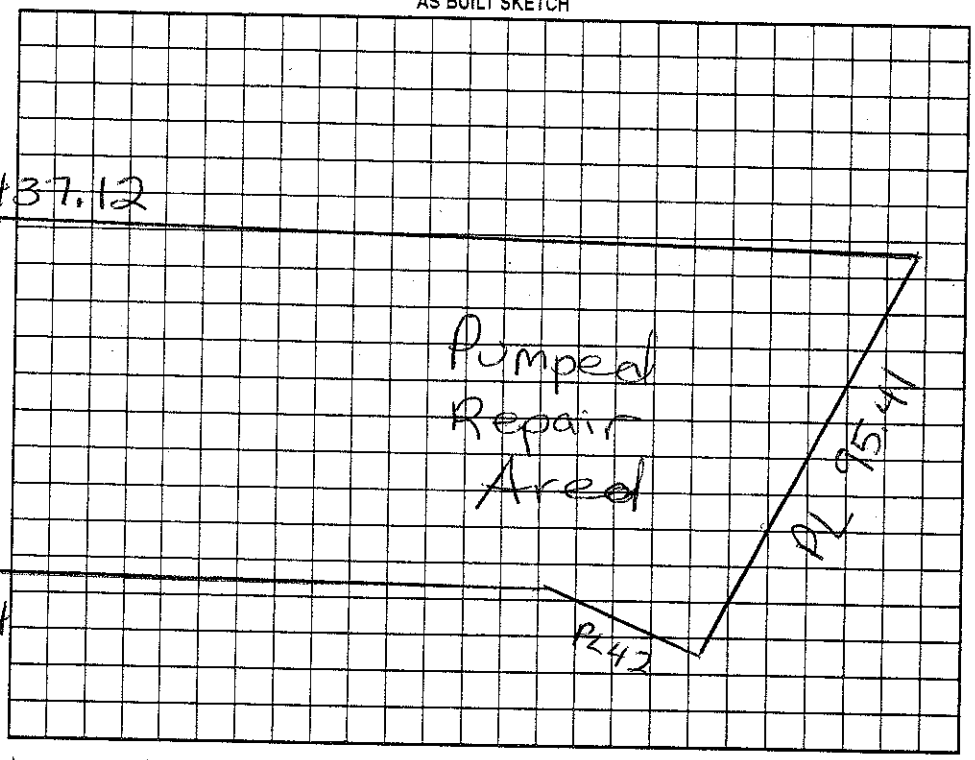
Comments/Conditions: Keep Septic System at least 10' from PL. Do not cross drainfield with driveway.

Comments/Conditions: * 25% Reduction = EZ Flow or Plastic Chamber

INITIAL SITE SKETCH Scale 1:50



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 6/17/03 Installed by: David Clark

Improvement Permit by: Maria H Dotson RS date 6/9/03 Operation Permit by: Wesley Sparks RS. date 8/12/03

Authorization to Construct by: Maria H Dotson RS date 6/9/03 Existing System Inspection by: _____ date _____

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