IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119009 PIN# 4639-23-5078.000 73-244 DATE 7-14-06

OWNER OR APPLICANT Titan Custom Builders PHONE: Business 704-201-6705 Home 704-528-7874

ADDRESS P.O. Box 3126

LOCATION Hwy 150 TR Perth TL Fern Hill TR Frost cliff on right at corner

SUBDIVISION Beacon Point BLOCK / SECTION IV LOT 1 LOT AREA 1.51 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 796 Date 8/11/06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1224 Linear Feet 408

No Lines 6@68' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% reduction gravity

Repair System Description: 25% reduction/pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

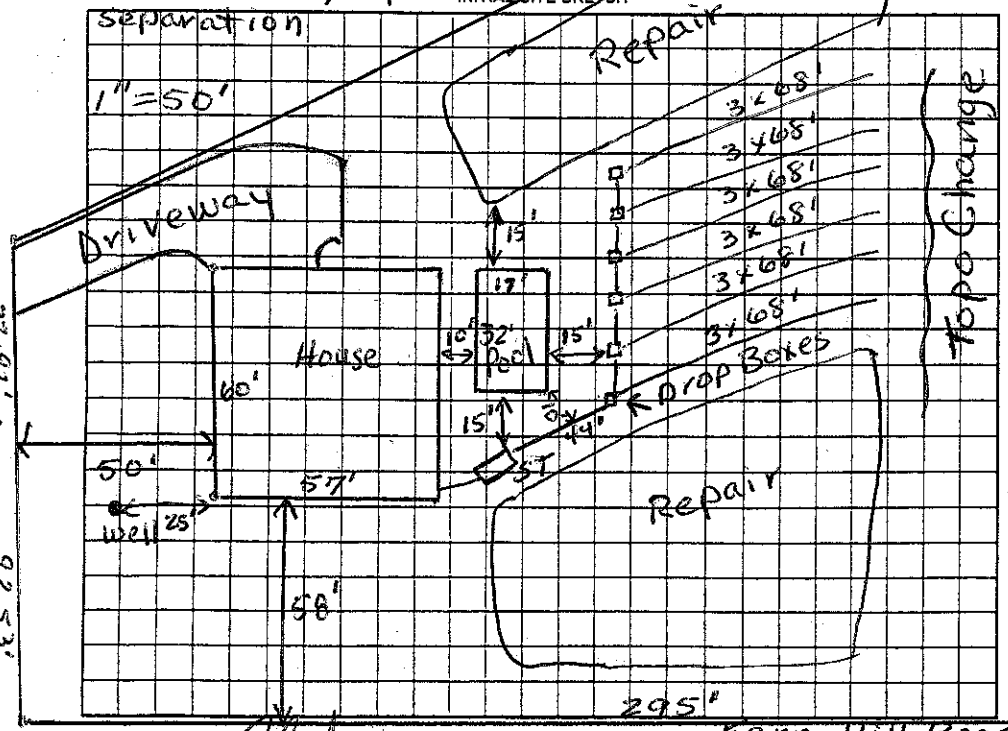
Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Maintain 1/8" per ft. fall along supply line from ST

100' min. well/septic separation

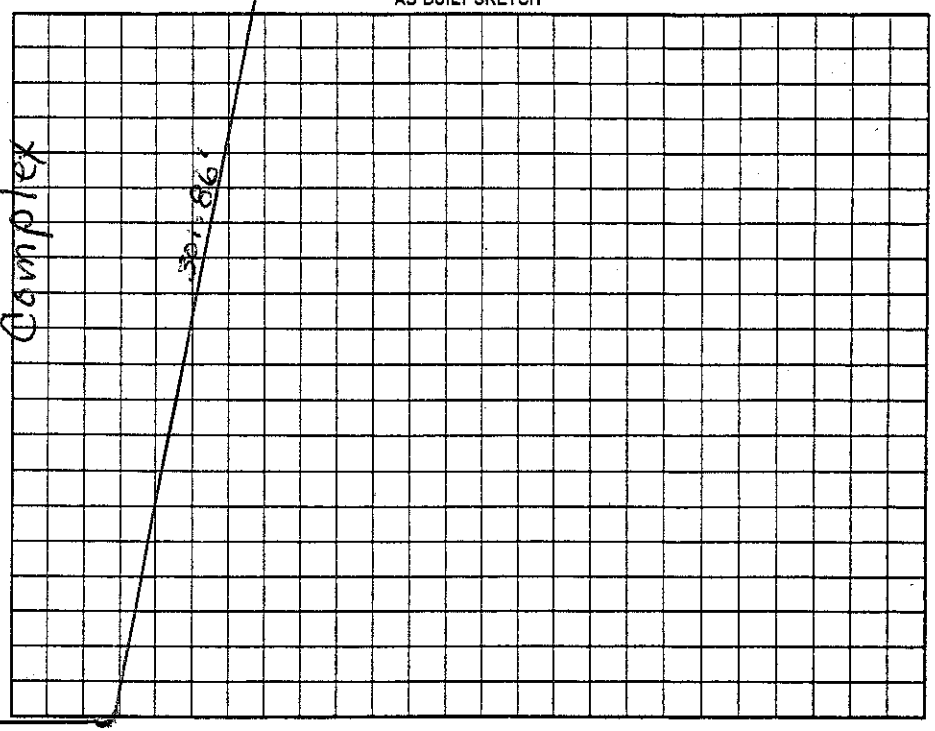
INITIAL SITE SKETCH



Comments:/Conditions:

Note exact as-built location of ST & supply line for future reference for pool setbacks.

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 7/18/2006 Installed by: D+M

Improvement Permit by: Judy Melville date 7-14-06 Operation Permit by: Wesley Sparks RS. date 10/25/06

Authorization to Construct by: Judy Melville date 7-17-06 Existing System Inspection by: ____ date ____

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