IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135440 PIN# 4614 73 [illegible] 4099 DATE 8-6-07

OWNER OR APPLICANT Kenneth Bealer Homes PHONE: Business 704 662-6400 Home 746-4669

ADDRESS P.O. Box 3398 Mooresville, NC 28117

LOCATION Brawley School Rd TR Tuskarora on Rt near end by Birdsong Lane

SUBDIVISION Tuskarora Pt. BLOCK / SECTION ____ LOT 23 LOT AREA .664 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 335 Date 5-27-07

Pump Tank: 1000 Gallons; PT 283 Date 6-17-07

Pump Make Goulds Model WE500M12 Brand No. ____

Nitrification Field: No Fields 1 Square Feet 570 Linear Feet 285'

No Lines 6 Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump-LP-Panel Block

Repair System Description: Pretreatment - Drip

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

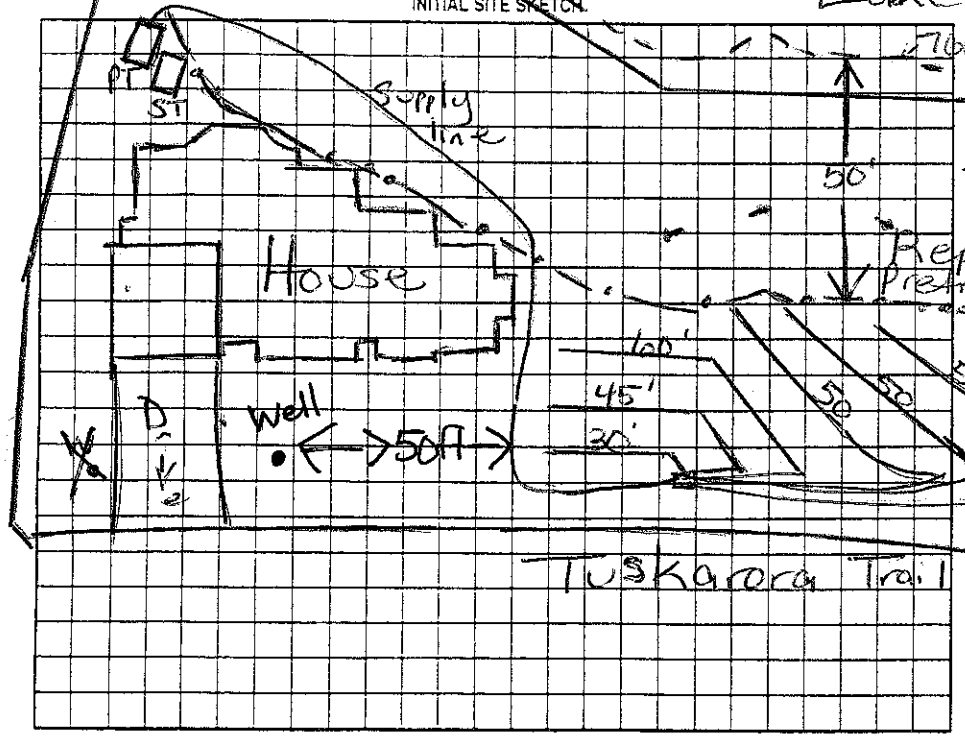
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Scale 1:40

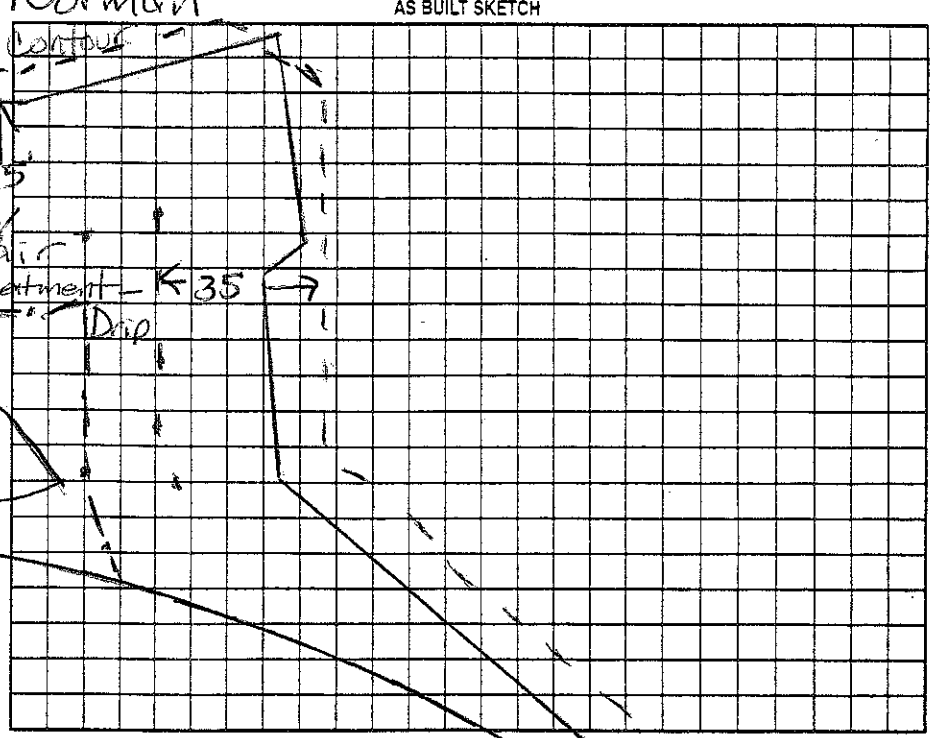
INITIAL SITE SKETCH



Comments:/Conditions: ☒ Pretreatment - set back to lake = 35ft

8/14/07 Filter in ST, checked tanks & lines

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: [signature] date 8-6-07

Improvement Permit by: [signature] RS date 8/6/07

Authorization to Construct by: [signature] RS date 8/6/07

Installed by: R&T date 9/5/07

Operation Permit by: [signature] RS date ____

Existing System Inspection by: ____ date ____

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