11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125042 PIN# 4614842535 DATE 6-13-07

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

ADDRESS 1454 Brawley School Rd

LOCATION Brawley School Rd TR Tuskarora Tr TR Tuskarora Point Ln on right

SUBDIVISION Tuskarora Point BLOCK / SECTION LOT 7 LOT AREA .696 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 12-16-07

Pump Tank: 1000 Gallons; PT 283 Date 9-7-05

Pump Make Goulds Model WE=0312 Serial No.

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3@90' Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

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

Comments:/Conditions: Bonus Room must have closed opening. CTM

Comments:/Conditions: 2/27/09 Checked tanks & lines 5/29/09 2HP pressure set, elect & alarm.

INITIAL SITE SKETCH

See Plan from S&ME

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 6/13/07

Improvement Permit by: Andy Melville date 6-13-07

Authorization to Construct by: [signature], R.S. date 9-25-05

Installed by: [signature] R.S.

Operation Permit by: [signature] date 5/29/09

Existing System Inspection by: date

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