IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

RA 3:00

PERMIT # 214679

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

✓ PIN # 4614 84 4451

APPLICANT: Kenneth Bealer Homes APPLICANT ADDRESS: P.O. Box 3398 Mooresville, NC 28117

✓ SITE ADDRESS: 114 Tuskarora Pt. Ln, Mooresville, NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Tuskarora Trail TR Tuskarora Pt Ln on right

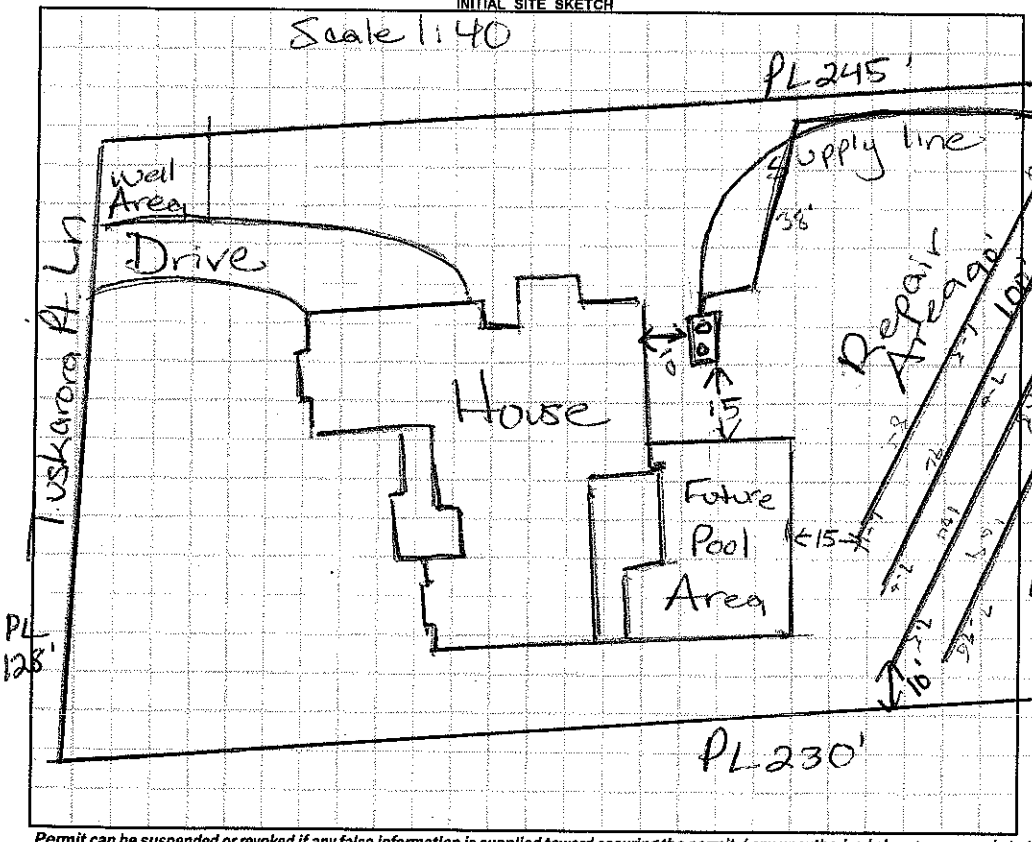
✓ SUBDIVISION: Tuskarora Pt SECTION: — LOT # 5 LOT AREA: .691 Ac DESIGN FLOW: 480 gpd L.T.A.R.: 3 (.25R)

Septic Tank 1000 (gal)	STB 1012	Date 3/28/16	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial # INSTALLED	Repair System Description: LP PP BPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 480	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	☐ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

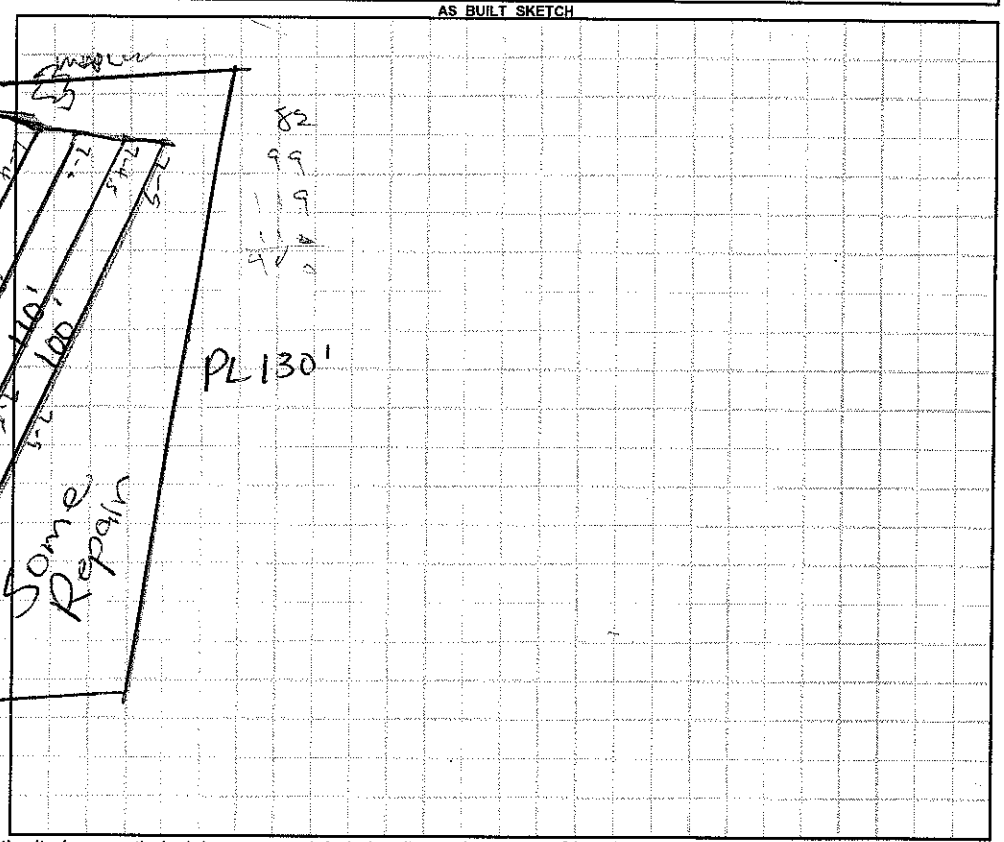
Comments / Conditions: ~~X~~ Must keep any pool at least 15FT from Septic System

Keep Supply line out of Repair Area

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Ken Bealer Date: 7-14-16 Installed by:

IMPROVEMENT PERMIT by: Marina Dotson Date: 6/25/16 OPERATION PERMIT by: W Sparks Date: 8/23/16

AUTHORIZATION TO CONSTRUCT by: Marina Dotson Date: 6/25/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK