IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131030 PIN# 4614848322 DATE 9-30-05

OWNER OR CONTRACTOR Kenneth Bealer Homes PHONE: Business 704-363-0085 Home

ADDRESS PO Box 3398 Mooresville 28117

LOCATION Brawley School Rd TR Tuskarora Tr on right at corner Tuscarora Point Lane

SUBDIVISION Tuscarora Point BLOCK / SECTION LOT 2 LOT AREA .751 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 5-12-06

Pump Tank: 1000 Gallons; PT 283 Date 5-9-06

Pump/Make: ~~Goulds~~ Model ~~VE0512~~ Serial No. ME50

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270

No Lines 5@54' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP Panel

Repair System Description: LP Panel

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms ___ No. Employees ___

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

Water Supply: ☒ Individual ☐ Public ☐ Community

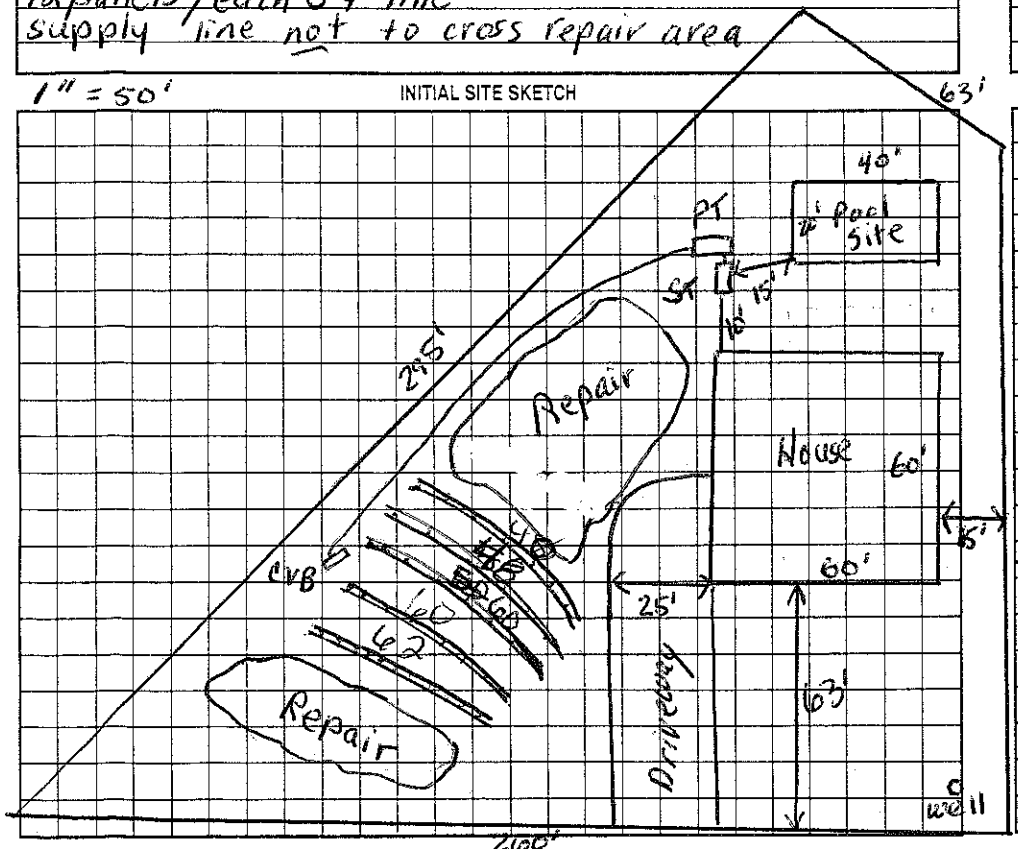
Comments:/Conditions:

12 panels/each 54' line
supply line not to cross repair area

Comments:/Conditions: Checked tanks & lines 6/21/06
Press; elect & alarm 8/2/06 MD

1" = 50'

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. 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 9-30-05

Improvement Permit by: Judy McNeill date 9-30-05

Authorization to Construct by: Judy McNeill date 10-12-05

Installed by: R & H RS

Operation Permit by: [signature] date 8/2/06

Existing System Inspection by: ___ date ___

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