IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134135 PIN# 4614940309 DATE 3-17-06

OWNER OR APPLICANT Kenneth Bealer Homes Inc PHONE: Business 704-662-6400 Home 704-363-8891

ADDRESS 1454 Brawley School Rd

LOCATION Brawley School Rd TR Tuskarora Tr 1 mile on right

SUBDIVISION Tuskarora Pt. BLOCK / SECTION ____ LOT 1 LOT AREA .758 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 1-8-06

Pump Tank: 1000 Gallons; PT 24 Date 7-4-06

Pump Make Goulds Model WE0312M Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 266

No Lines 3 Trench Width 24' Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion 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

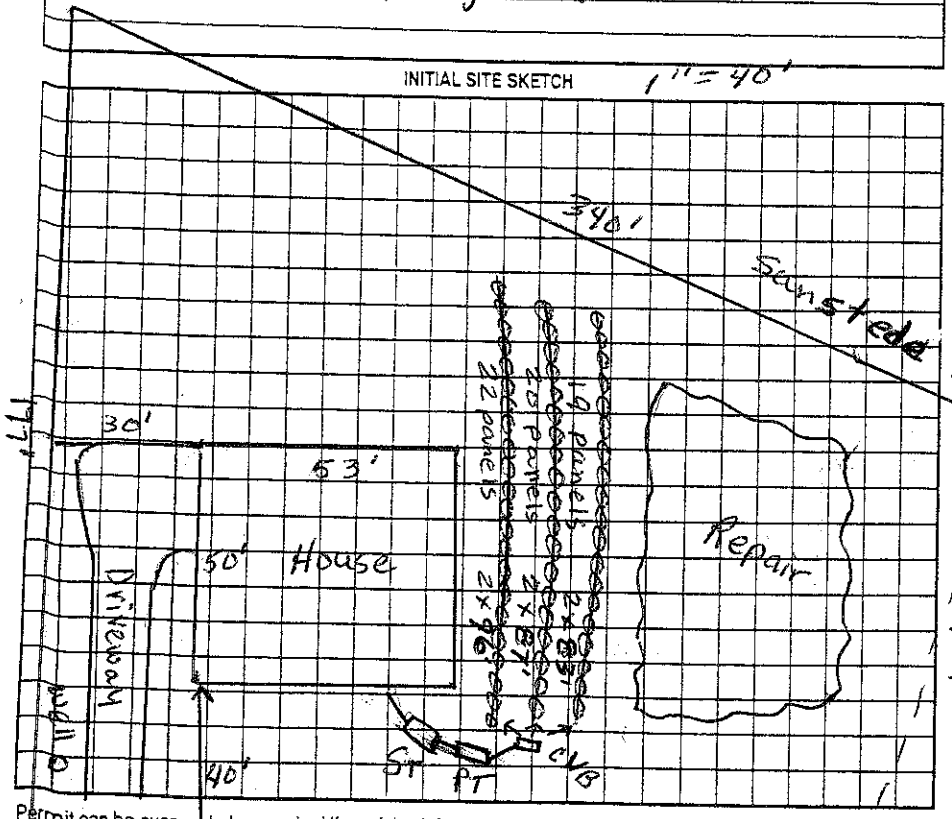
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

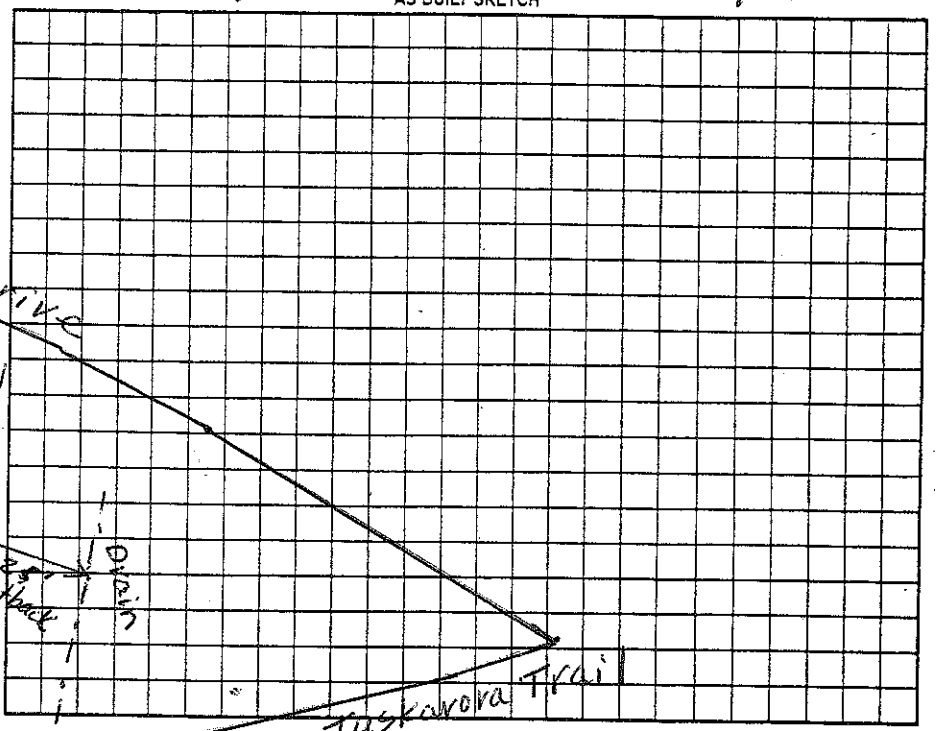
Comments:/Conditions: trench lines to follow the contour of the ground

INITIAL SITE SKETCH 1"=40'



Comments:/Conditions: Checked tanks & lines 8/20/06 Installed as Drawn Pressure, elect & alarm 10/9/06

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 3-21-06

Improvement Permit by: Mary Merrill date 3-17-06

Authorization to Construct by: Mary Merrill date 3-17-06

Installed by: R & T Plumbing

Operation Permit by: ____ date 10/9/06

Existing System Inspection by: ____ date ____

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