IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176146

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

PIN #

APPLICANT: KENNETH BEALER HOMES APPLICANT ADDRESS: PO BOX 3398 MULLE 28117

SITE ADDRESS: 000 TUSKAROBA TR. PHONE: 704-662-6400 ALT. PHONE:

SITE DIRECTIONS: BSR, TUSK. ON R

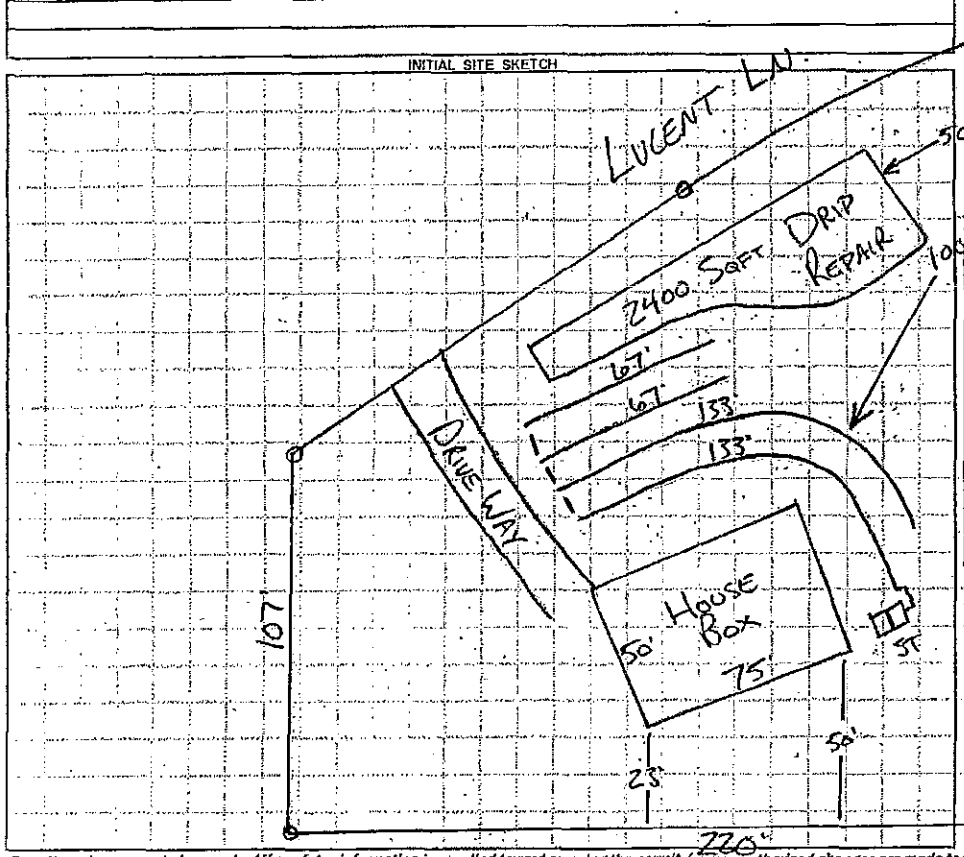
SUBDIVISION: ROCK SPRING PARK SECTION: LOT # 4 LOT AREA: .911 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: 25% REDUCTION				[ ] Business	No. Persons
Pump Make		Model	Serial #	Repair System Description: DRIP				[ ] Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft: 400'	Maintenance Agreement Required:	[ ] YES	[X] NO		[X] Slab	[ ] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

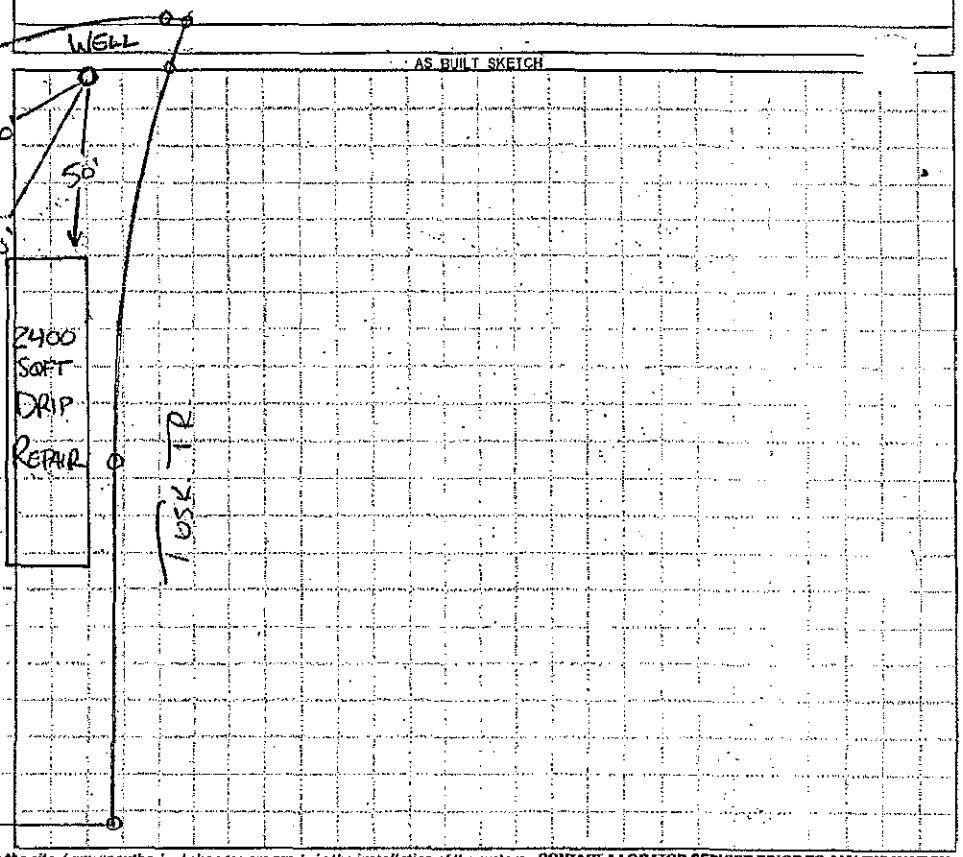
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kenneth Bealer Date: 1/18/13 Installed by:

IMPROVEMENT PERMIT by: Date: 1-11-13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 1-18-13 Existing System Inspected by: Date:

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