3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139452 PIN# 4624063072 DATE 2-13-07

OWNER OR APPLICANT Kenneth Bealer Homes Inc PHONE: Business 704662-6400 Home 746-4669

ADDRESS P.O. Box 3398 Mooresville, NC 28117

LOCATION Brawley School Rd TR Tuskarora Trail TR Binns Rd property on Rt Corner

SUBDIVISION Balmoral Park BLOCK / SECTION ____ LOT 1 LOT AREA .701 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 12-7-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity-25% Reduction

Repair System Description: LP-Panel Block

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

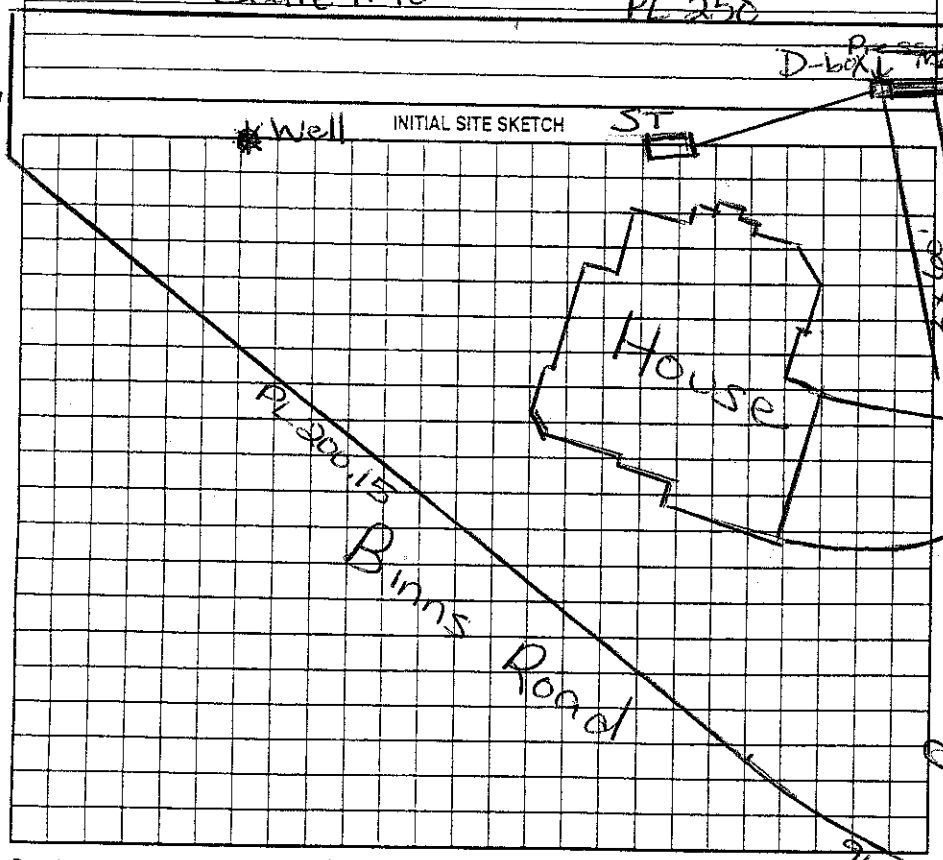
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Scale 1:40 PL 250

INITIAL SITE SKETCH



Comments:/Conditions: Installed Quick as Drawn 4

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 2/14/07

Improvement Permit by: Maria H. Dolan RS date 2/13/07

Authorization to Construct by: Maria H. Dolan RS date 2/13/07

Installed by: ____

Operation Permit by: Maria H. Dolan RS date 5/14/07

Existing System Inspection by: ____ date ____

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