# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142105 PIN# 4625 774399 DATE 5-4-07

OWNER OR APPLICANT Kenneth Bealer Homes PHONE: Business 746-4669 Home Molly 507-0700

ADDRESS P.O. Box 3398 Mooresville, NC. 28117

LOCATION Brawley School Rd TR Marstons Mill TL White Horse TL Ballston TR Brownstone at end

SUBDIVISION The Point BLOCK / SECTION 4 LOT 443 LOT AREA 48688 SITE CLASS. PS DESIGN FLOW 600gpd I.A.R. .3

Septic Tank: 1500 Gallons: STB 338 Date 11/7/08

Pump Tank: 1500 Gallons: PT 497 Date 6/29/08

Pump Make: Myers Model ME75 Serial No.

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 4@125' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 5 No. Persons No. Employees

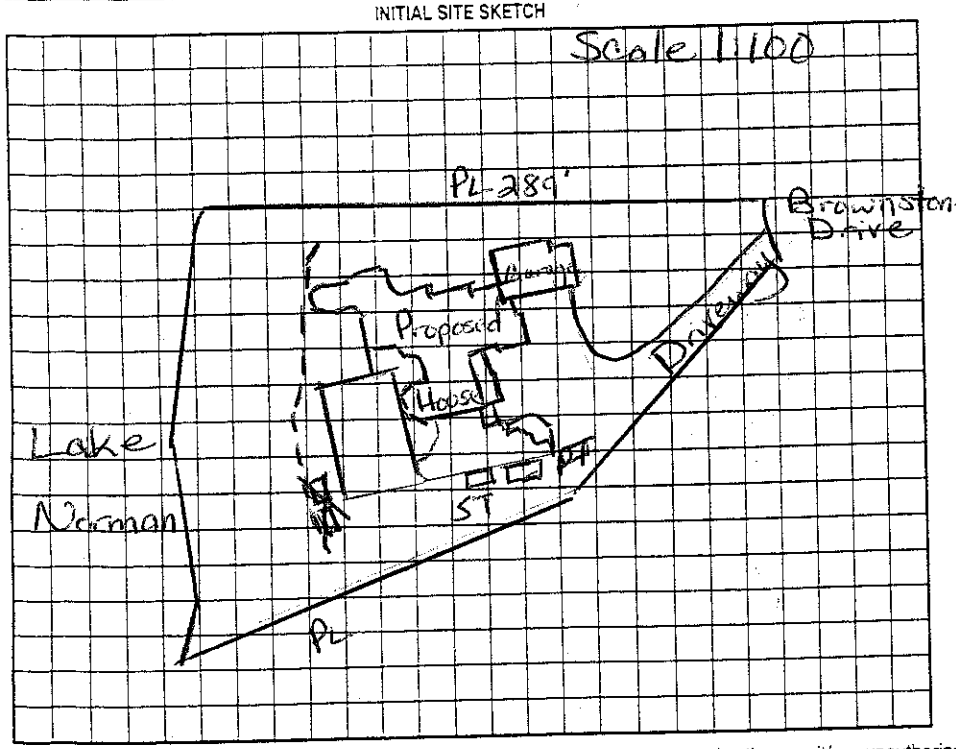
Water Supply: ☐ Individual ☒ Public ☒ Community

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

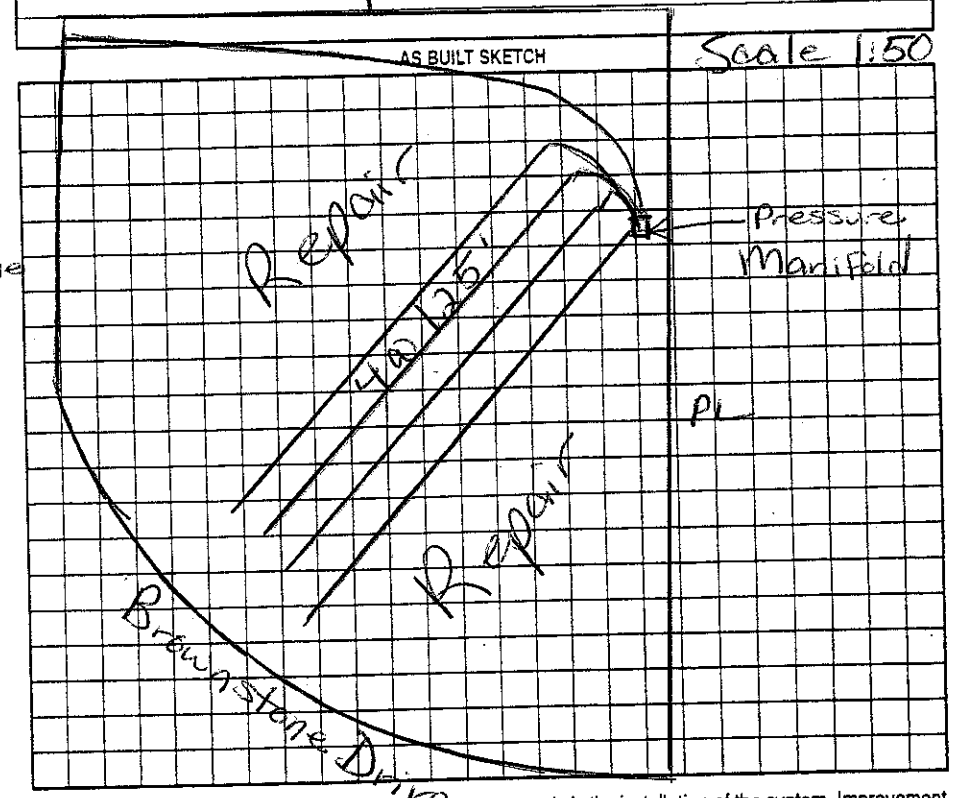
Comments/Conditions: Remove all Terrace & berms

Comments/Conditions: EZLAY INSTALLED & tanks Checked 12/23/08 WS
Pres Elect & Alarm Checked 4/28/09 MS
PL

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐

Improvement Permit by: [signature] RS date 5/17/07

Authorization to Construct by: Maria H Dotson RS date 5/4/07

Installed by: R+H RS

Operation Permit by: Maria H Dotson date 4/28/09

Existing System Inspection by: date

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