IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146661 PIN# 3793-55-0101 DATE 5 December 07

OWNER OR APPLICANT Berger Builders PHONE: Business 704-902-5346 Home 704-528-6014

ADDRESS 504 Cedar St. Troutman N.C.

LOCATION Shaver School Rd. Turn onto Mock Mill Rd. TR T.T.list Dr. TR Top Flite Dr on RT.

SUBDIVISION Augusta Green BLOCK / SECTION 2 LOT 12 LOT AREA 0.568Ac. SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. 0.33 gpd/ft

Septic Tank: 1000 Gallons; STB 1012 Date 5-25-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ≈1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 35" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Follow Contour / Yellow Top Flite

Comments:/Conditions:

INITIAL SITE SKETCH

Please See Attached Layout

AS BUILT SKETCH

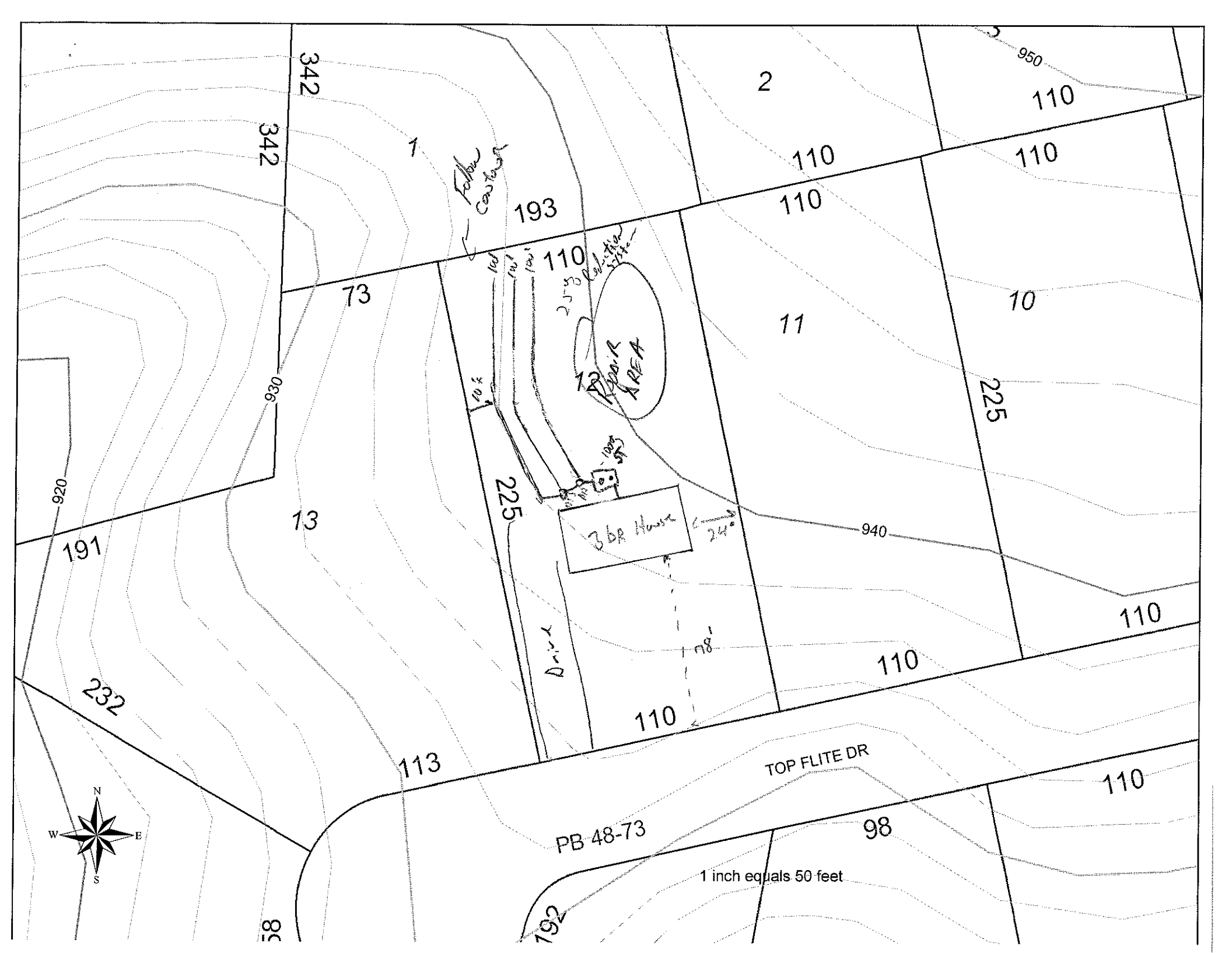
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan 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 5 Dec 07 Installed by: A-1 Backhoe

Improvement Permit by: _____, R.S. date 05Dec'7 Operation Permit by: _____ date 12-6-07

Authorization to Construct by: _____, R.S. date 5 Dec. 07 Existing System Inspection by: _____ date _____

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


342
342
1
2
950
110
110
110
110
193
110
73
930
920
191
13
225
225
940
110
110
110
232
113
110
TOP FLITE DR
PB 48-73
98
192
10
11
12
Pool Area
3 BR House
Driveway
Follow Contour
1 inch equals 50 feet
N
W
E
S