IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 068233 DATE 7/23/97 TAX MAP NO. 4626 305557 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR SAMSSY BURBANK PHONE: Business 662-3545 Home 0

ADDRESS 6525 MORRISON BLVD CHARLOTTE

LOCATION BRAMLEY SCHOOL - TR BAY HARBOUR - TR LAKE SPRING - TR WINDY KNOLL - ON RT

SUBDIVISION HARBOUR BLOCK / SECTION III LOT 30 LOT AREA — SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. 1.5

Septic Tank: 1000 Gallons; STB 794 Date 5/8/97

Pump Tank: 1000 Gallons; PT 27 Date 10/90

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP CHAMBERED

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

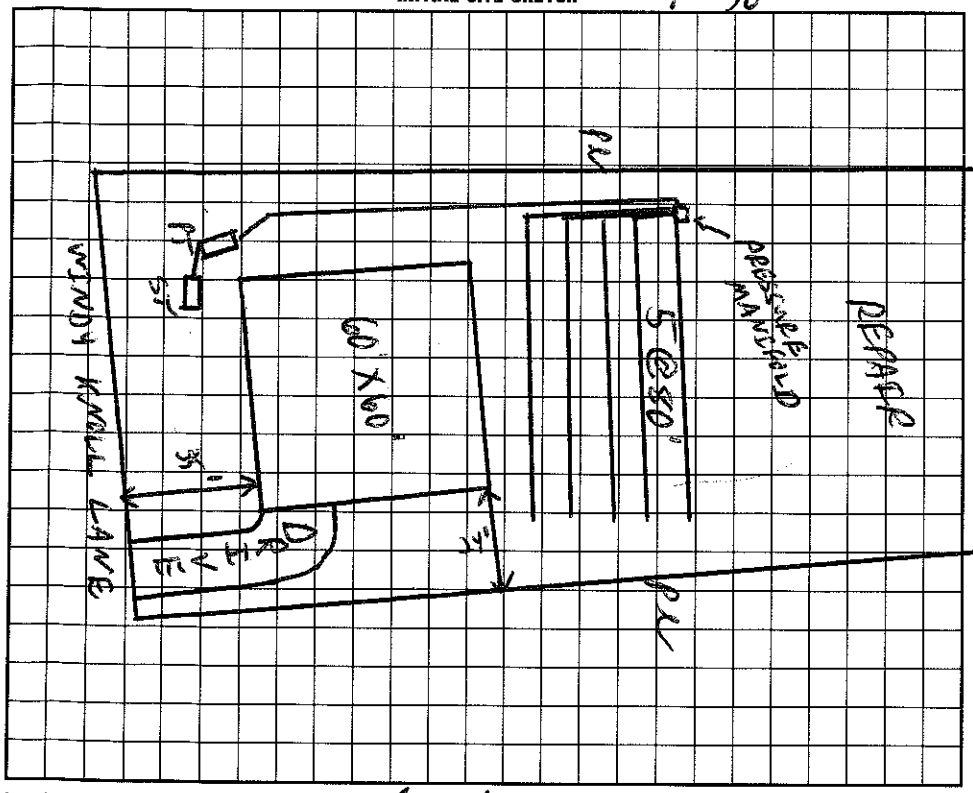
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

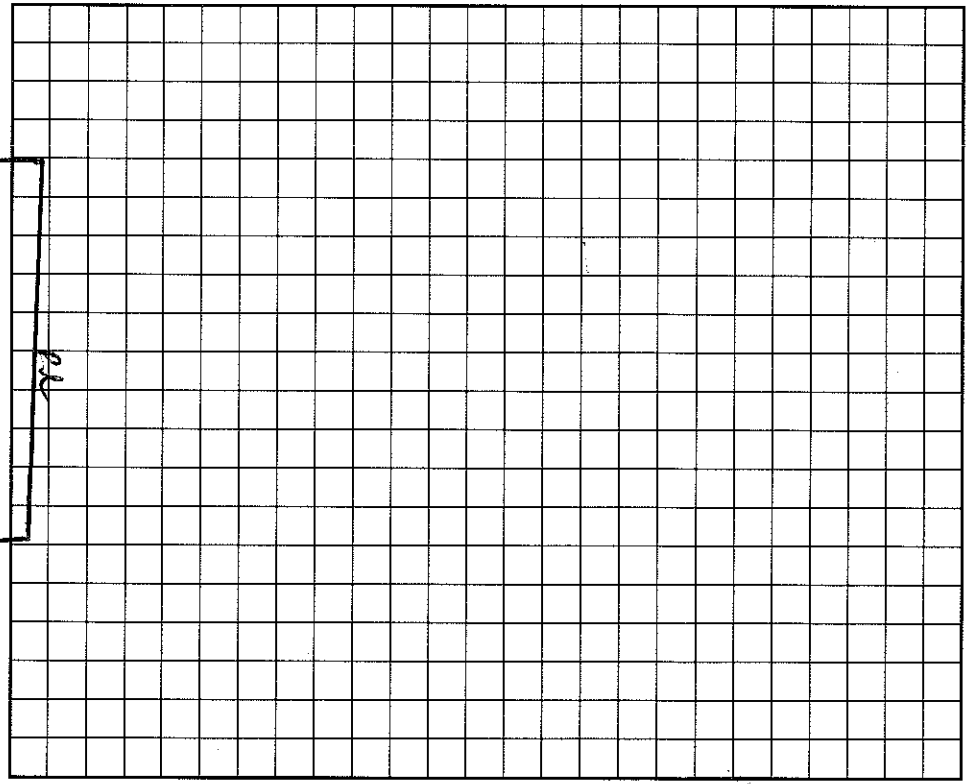
Comments:

Comments:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date 7/23/97

Existing System Inspection by: _____ date 7/23/97

Installed by: MacLeod Const

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS date 1/28/98

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