IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076171 PIN# 4626 40 0358

OWNER OR CONTRACTOR Tammy Burbank PHONE: Business 945-1515 Home DATE 8/20/98

ADDRESS 517 Sharon Amity Charlotte, NC. 28211

LOCATION Bay Harbour TR Lake Spring loop. TR Windy Knoll Lane on (R) corner

SUBDIVISION HARBOUR BLOCK / SECTION 3 LOT 28 LOT AREA .52Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/25/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900* Linear Feet 300*
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY - PANEL
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No

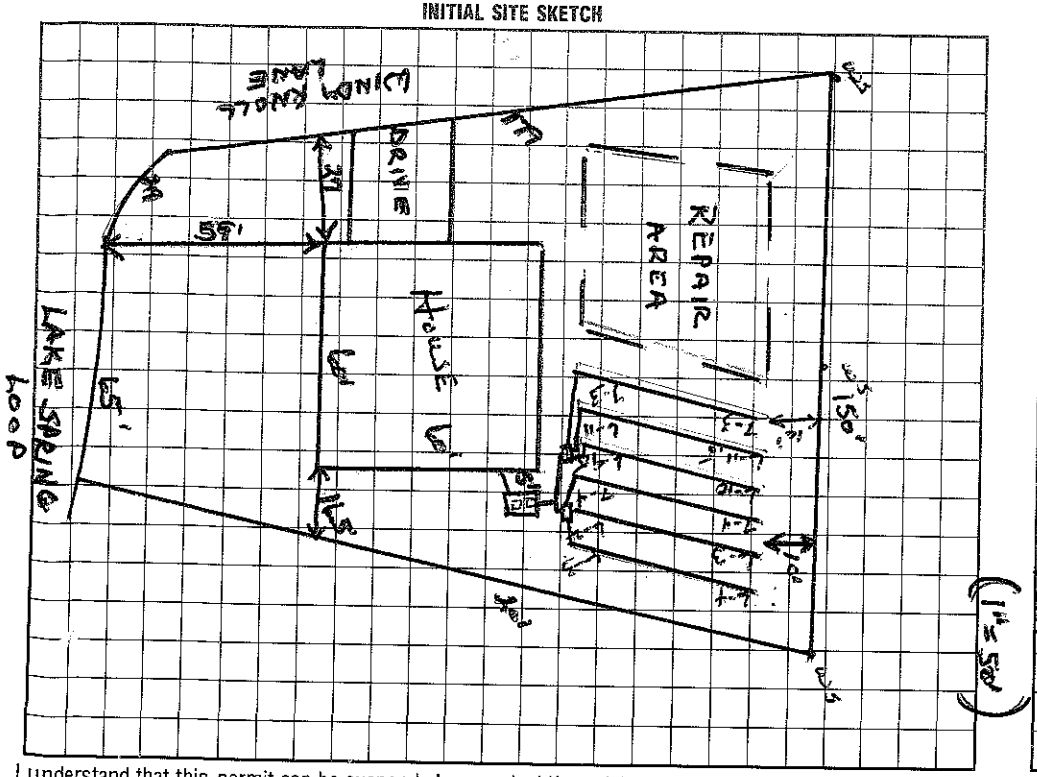
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

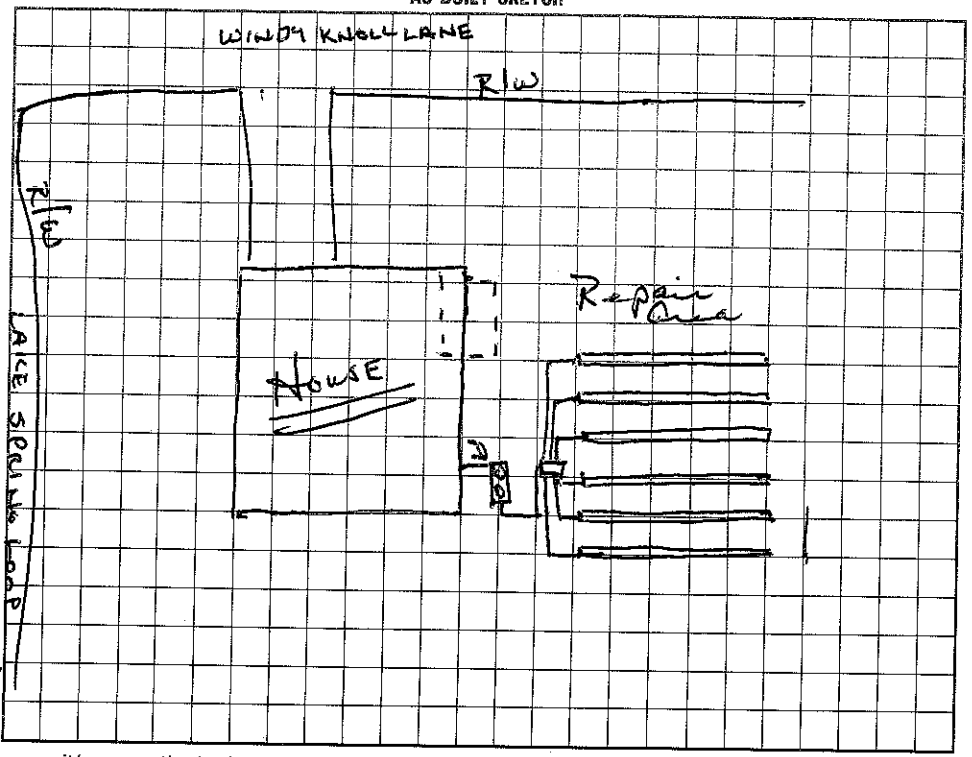
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



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 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 8/25/98

Improvement Permit by: Wesley Sparks RS. date 8/20/98

Authorization to Construct by: Wesley Sparks RS. date 8/20/98

Installed by: Macleod Const

Operation Permit by: Wesley Sparks RS. date 3/17/99

Existing System Inspection by: _____ date _____

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