IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~07631~~ 07633 PIN# ~~4636462553~~ 4626401427 DATE 1/27/98

OWNER OR CONTRACTOR SAUSSY BURBANK PHONE: Business — Home

ADDRESS 517 SHARON AMITY RD CHARLOTTE NC 28211

LOCATION BRAWLEY SCHOOL RD. TR BAY HARBOUR - TL SPRING LAKE I.P. 5TH LOT ON RT

SUBDIVISION HARBOUR BLOCK / SECTION III LOT ~~28~~ 27 LOT AREA — SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 794 Date 4/21/98

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

No Lines 5 @ 80' 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: GRAVITY CHAMBERED OR IIDS

Repair System Description: GRAV. / PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees —

☐ Other —

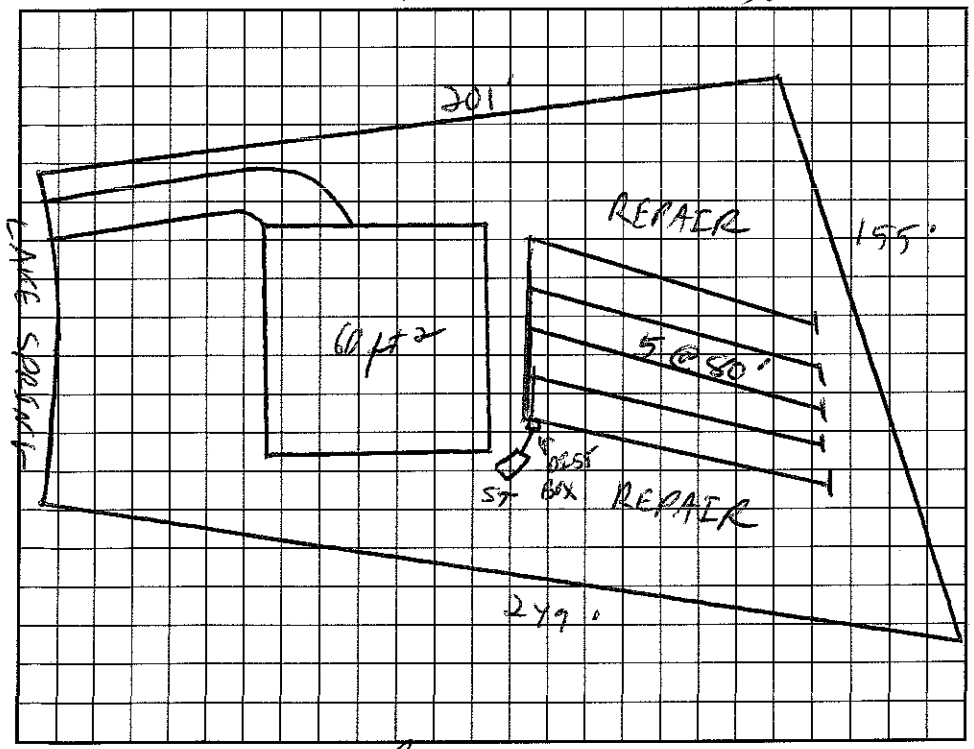
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

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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 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: [signature] date 1/28/98 Installed by: Macharg Const. Co.

Improvement Permit by: C. M. Zeamer RS date 1/27/98 Operation Permit by: Wesley Sparks RS. date 7/2/98

Authorization to Construct by: C. M. Zeamer RS date 1/27/98 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