COUNTY HEALTH DEPARTMENT

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

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

MIT# No PIN# No 4626-41-6259 DATE 1/31/00

OWNER OR CONTRACTOR Tammy Burbank (HOWARD) PHONE: Business _____ Home 660-7014

ADDRESS 104 MORROWS RIDGE LANE Mooresville, NC 28117

LOCATION Chuckwood TL Morrow Ridge to 1st house on (R)

SUBDIVISION HARBOUR BLOCK / SECTION 3 LOT 8 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: EXIST. Gallons; STB _____ Date _____

Pump Tank: EXIST. Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 5@54'x3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

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

System Description: Pres. Dosed - 16" PPBS

Repair System Description: Pres. Dosed - 16" PPBS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: See attached plat for Easement Location

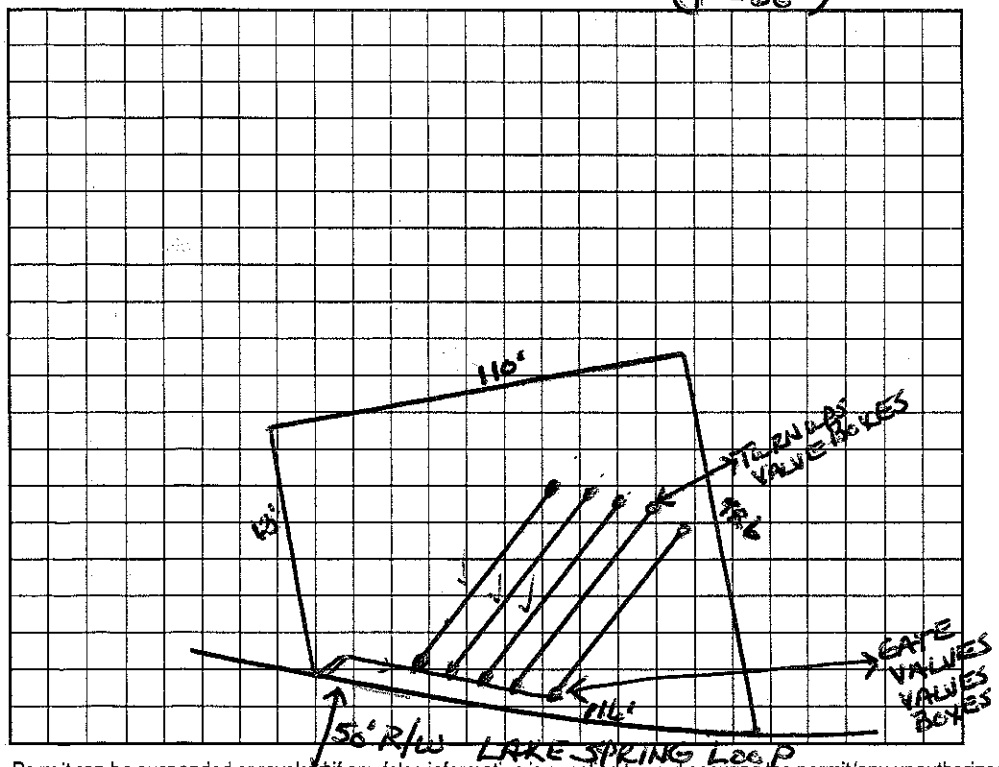
SFE 8A;

Comments:/Conditions:

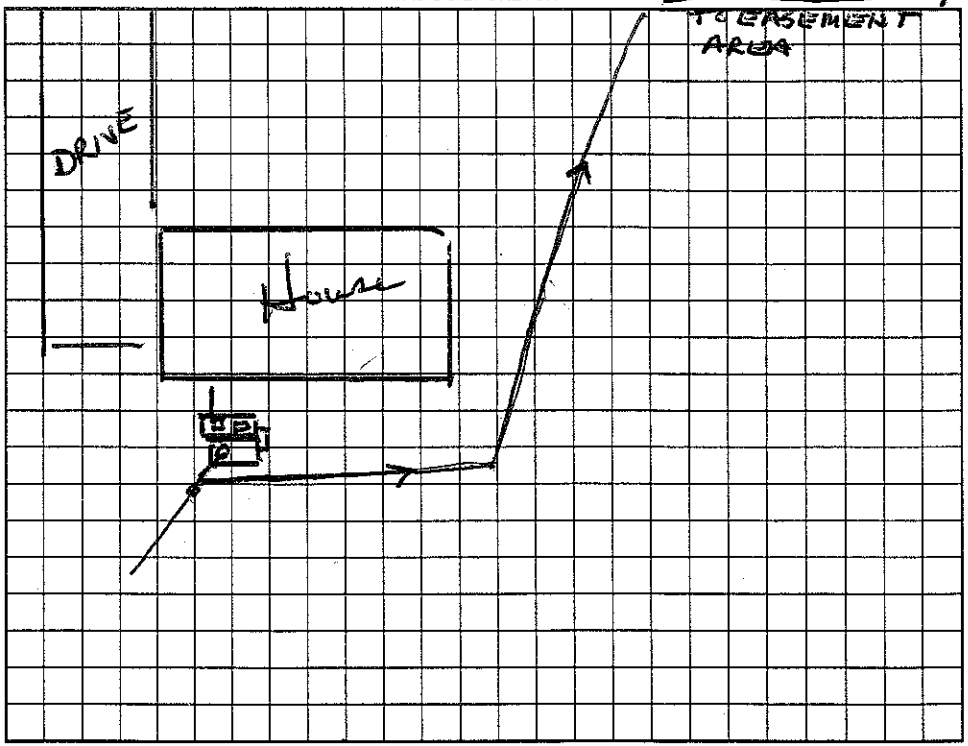
Maximum feasible

MORROW RIDGE LN.

INITIAL SITE SKETCH (1" = 50')



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 2-2-2000 Installed by: Rhode Ender

Improvement Permit by: Wesley Sparks RS. date 2/1/00 Operation Permit by: _____ date _____

Authorization to Construct by: Wesley Sparks RS. date 2/1/00 Existing System Inspection by: _____ date _____

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