IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124418 PIN# 4636-76-3226.002 4636-66-9082 DATE 12/6/04

OWNER OR CONTRACTOR Burke Builders of NC LLC/Monogram Homes PHONE: Business 704 361 0047 Home 704 662 0047

ADDRESS Po Box 3481 Mooresville NC 28115

LOCATION BSR TL Canvasback, TR Old Squaw, TL Billy Joe, TR Pintail Run, on Rt

SUBDIVISION The Links @ MH BLOCK / SECTION ____ LOT 2 LOT AREA 1.10 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date ____

Pump Tank: 1000 Gallons; PT 27 Date ____

Pump Make: Goulds Model WE05H Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM 25% Reduction offsite

Repair System Description: LP Panel Block offsite

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

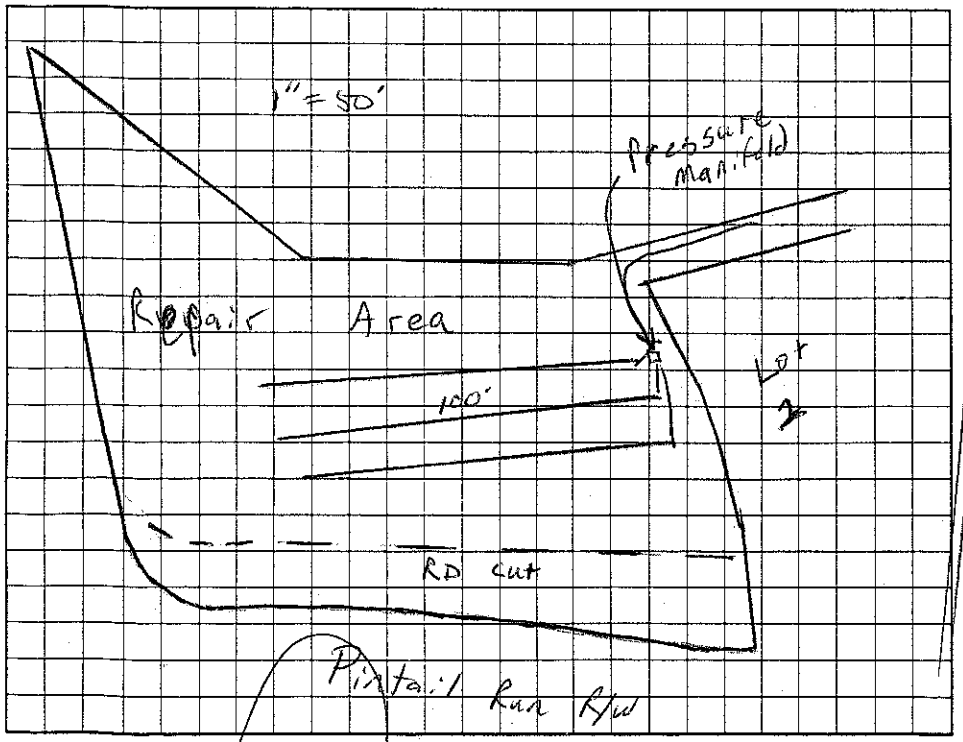
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

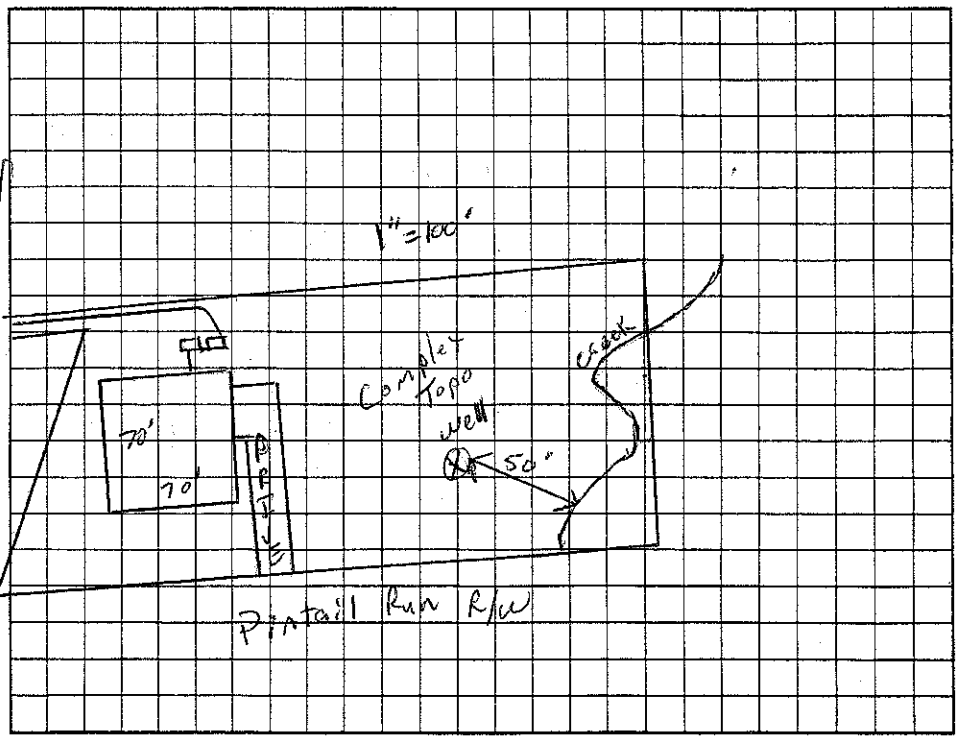
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



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 12/9/04 Installed by: Dellinger

Improvement Permit by: RS date 12/6/04 Operation Permit by: RS date 11/7/05

Authorization to Construct by: RS date 12/22/04 Existing System Inspection by: ____ date ____

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