IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124406 PIN# 4636-76-3226.7 4636-75-5985 DATE 12/6/04

OWNER OR CONTRACTOR Burke Builders of NC LLC / Anaheim 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, TL Spring Run, on Rt

SUBDIVISION The Hammocks BLOCK / SECTION ____ LOT 7 LOT AREA 1.02Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 1012 Date ____
Pump Tank: 1000 Gallons; PT 17 Date ____
Pump Make: Goulds Model WE0512 HU Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4@90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

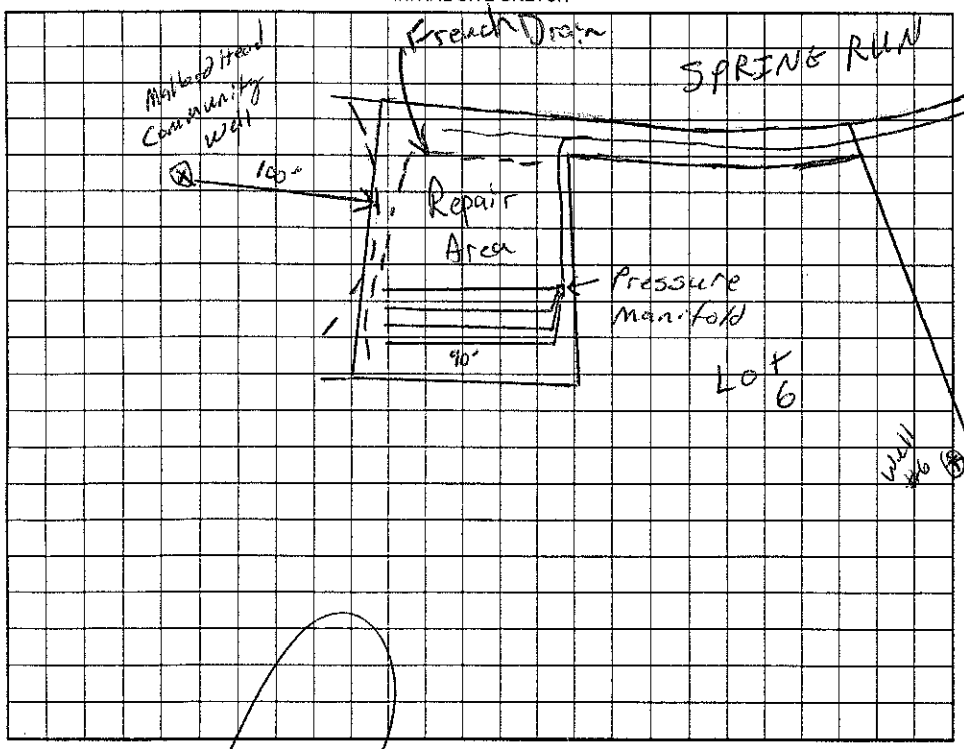
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

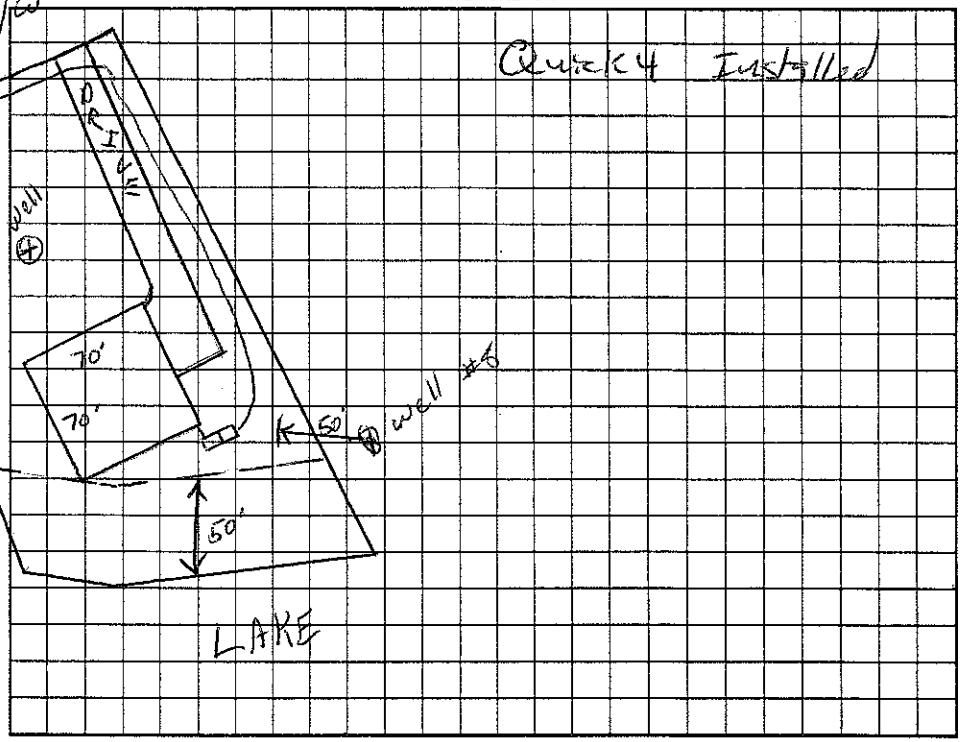
Comments:/Conditions: Supply Line Needs to be 30" Deep or Sleeved under any Driveway.
1"=100'

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 12/7/04 Installed by: ____

Improvement Permit by: ____ RS date 12/6/04 Operation Permit by: ____ RS date 1/31/06

Authorization to Construct by: ____ RS date 5/16/05 Existing System Inspection by: ____ date ____

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