IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124409 PIN# 4656-76-3226.10 4636-75-6461 DATE

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

ADDRESS PO Box 3481 Mooresville NC 28115

LOCATION BSR, TL Conway Back, TR Old Squaw, TL Billy Joe, TR Pintail Run, TL Spring Run on Rt

SUBDIVISION Hammocks BLOCK / SECTION LOT 10 LOT AREA 1.00 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3 In / 0.25 R

Septic Tank: 1000 Gallons; STB 1012 Date 2-7-06

Pump Tank: 1000 Gallons; P.T. 1017 Date 3-25-06

Pump Make: _____ Model Gulds Serial No. D0615837

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 —

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

System Description: PM 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

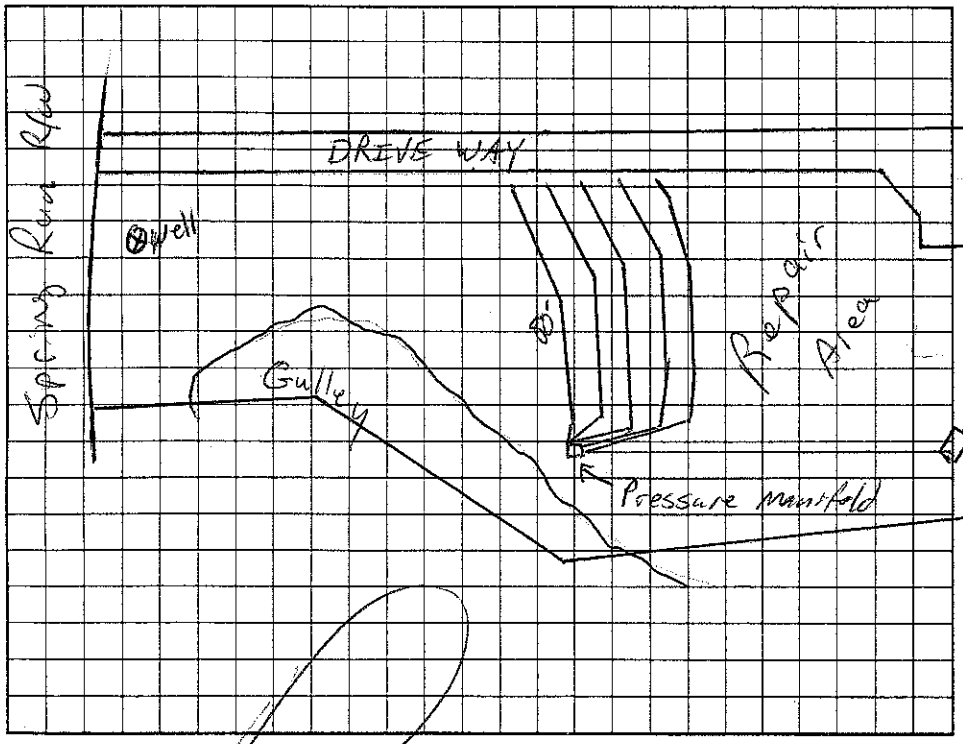
1" = 60'

Comments:/Conditions:

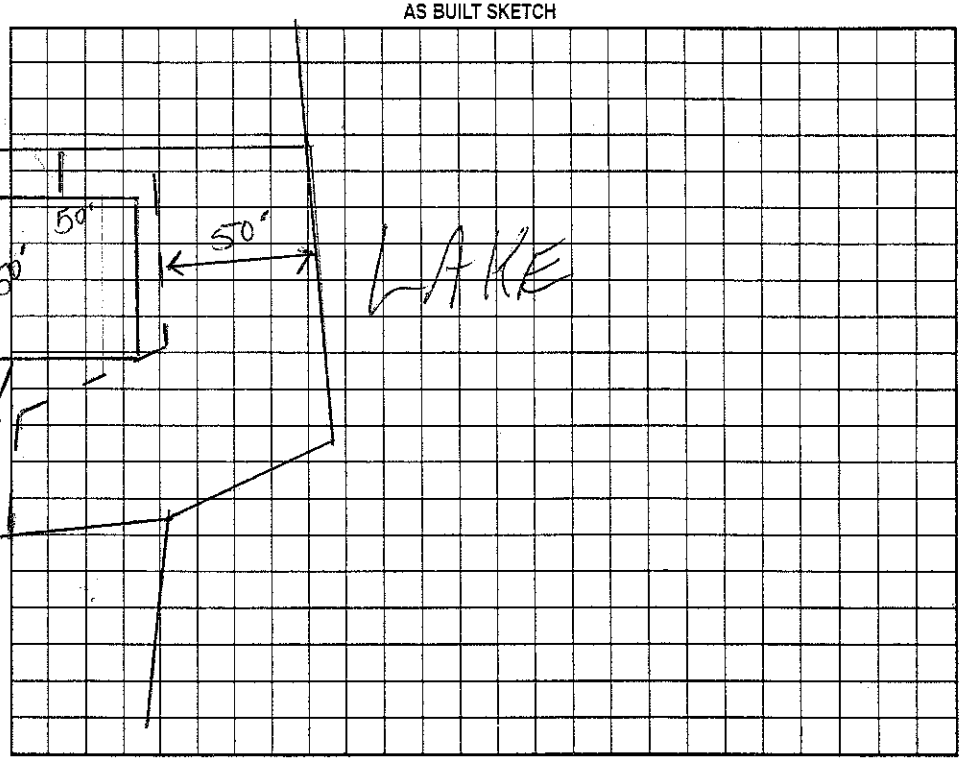
- PM
- Tanks
- Drain Lines

} Checked 10/25/06 ja

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 12/14/06 Installed by: CAS

Improvement Permit by: _____ RS date 12/10/06 Operation Permit by: _____ date 12-14-06

Authorization to Construct by: _____ RS date 5/17/06 Existing System Inspection by: _____ date _____

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