IREDELL COUNTY HEALTH DEPARTMENT

ATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 12407 PIN# 4636-76-3226.8 4636-75-6728 DATE 12/6/04

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 Cowsslack, TR Old Squaw, TL Billy Joe, TR Pintail Run, TL Spring Run on Rt

SUBDIVISION The Hammocks BLOCK / SECTION ____ LOT 8 LOT AREA 1.25Ac 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 WE05711H 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

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

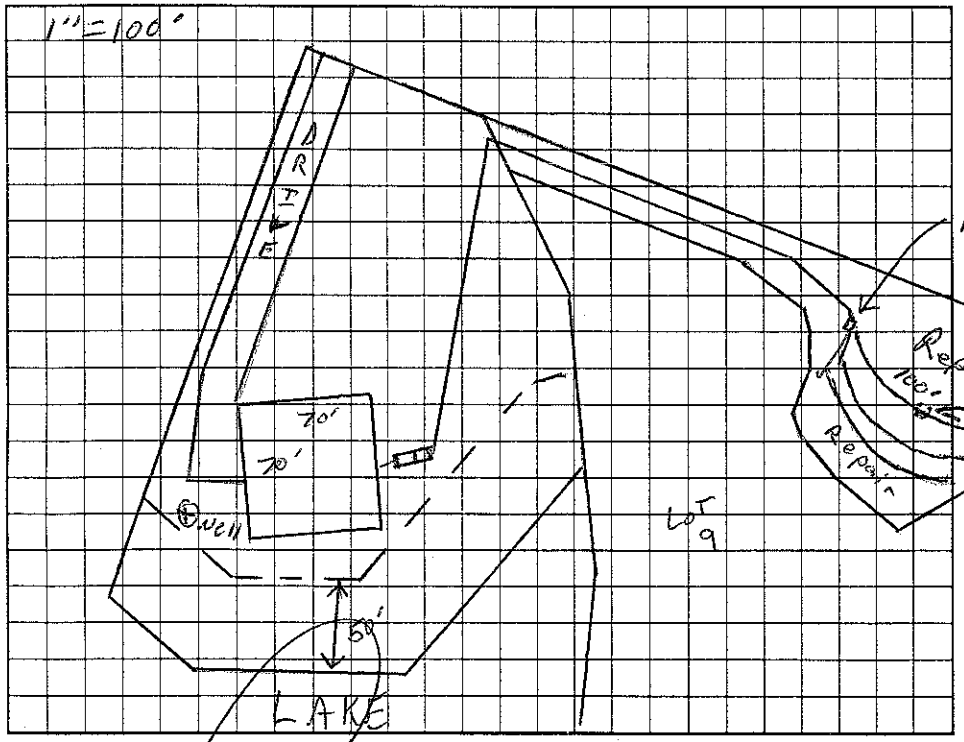
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

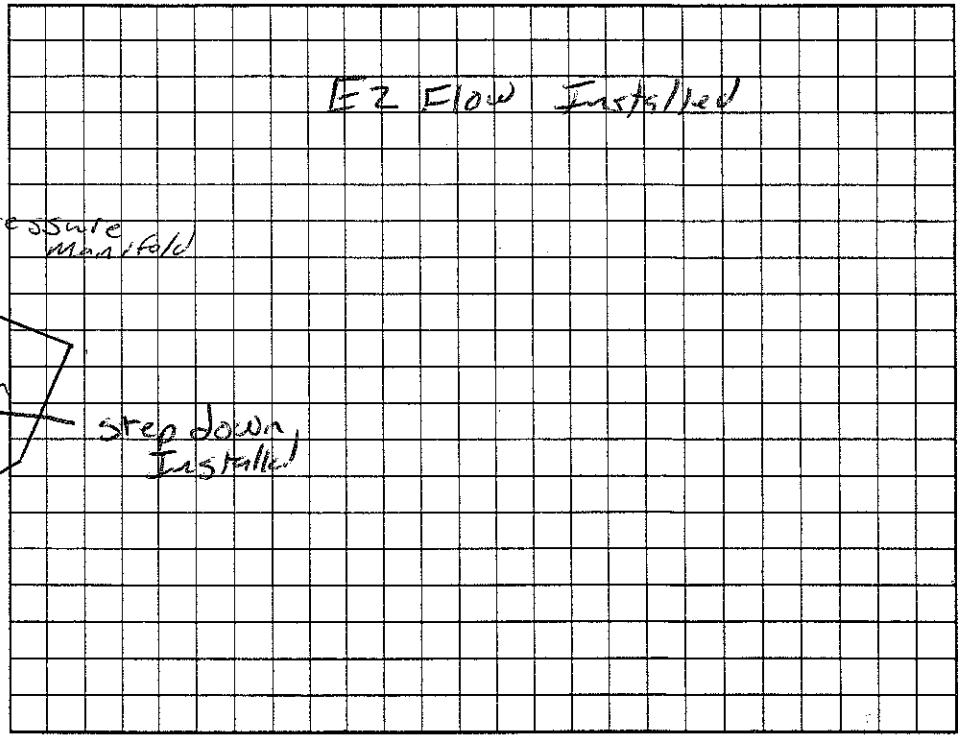
Comments:/Conditions: Supply line need to be 30" deep and/or sleeved under Any Driveway

Comments:/Conditions: Drive Way on Lt side - GM 1/11/05

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: [signature] date 12/7/04 Installed by: Bob M'Carver

Improvement Permit by: [signature] RS date 12/6/04 Operation Permit by: [signature] RS date 6/27/05

Authorization to Construct by: [signature] RS date 1/11/05 Existing System Inspection by: ____ date ____

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