100.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118896 PIN# ~~4644 99 7447.72~~ 4644898142 DATE 10/3/06

OWNER OR APPLICANT Burke Builders / Teresa Hunter PHONE: Business Pat Burke 704 361 0047 Home

ADDRESS PO Box 3481 Mooresville NC 28115

LOCATION 115 S, TR Bridges Farm, TR Cloverbank, at End

SUBDIVISION Estates BLOCK / SECTION LOT 12 LOT AREA 0.594± SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 4/29/06
Pump Tank: 1000 Gallons; PT 27 Date
Pump Make: Zoeller Model PE51M Serial No.
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LPP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

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

Water Supply: ☒ Individual ☐ Public ☐ Community

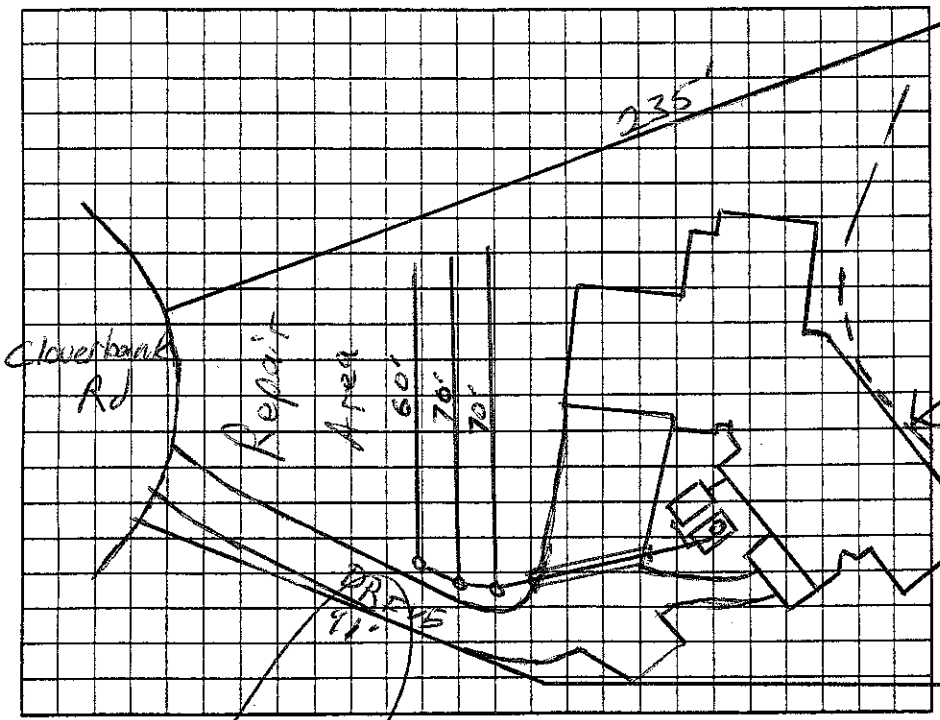
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Sleeve under Driveway - Pipe ≥ 30" under Drive 10/5/06-GM

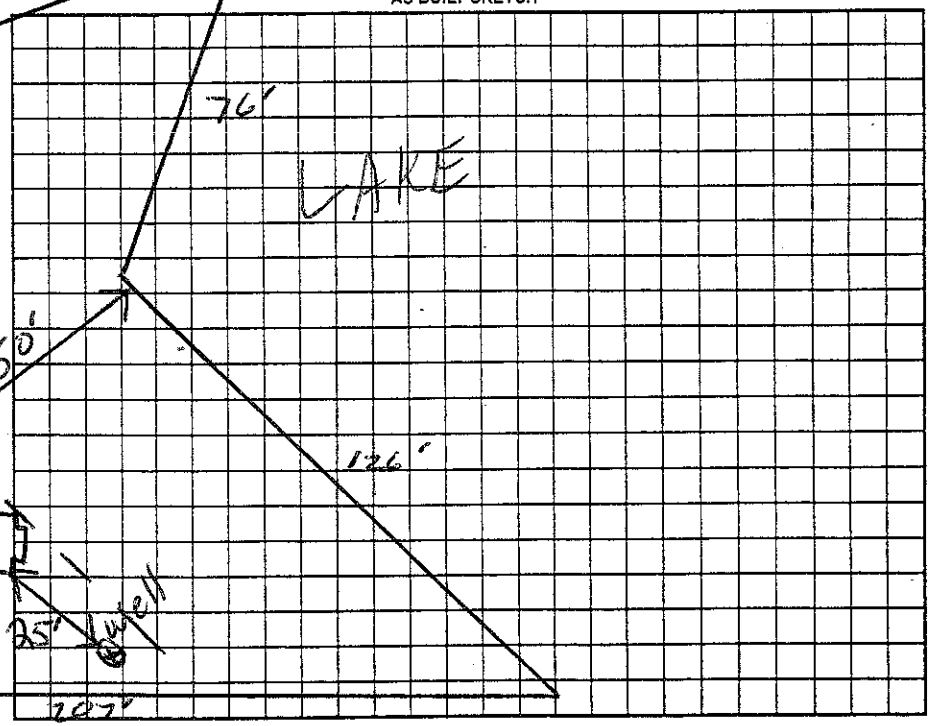
1"=40'

Comments:/Conditions: * Well follows all State & local Rules, requirements, and setbacks implemented

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

Improvement Permit by: RS date 10/5/06

Authorization to Construct by: RS date 10/3/06

Installed by: Bob McCarver

Operation Permit by: date 12-11-06

Existing System Inspection by: date

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