IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVIL[illegible]-664-5281

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

PERMIT# 18897 PIN# ~~4644-94-7447, TS~~ 4644898234 DATE 4/23/04

OWNER OR CONTRACTOR BURKE BUILDERS PHONE: Business 391-0047 Home

ADDRESS PO BOX 3481 MOORESVILLE NC 28115

LOCATION 115(S) - TR BRIDGESFARM RD - TR CLOVERBANK - AT END

SUBDIVISION ESTATES BLOCK / SECTION LOT 13 LOT AREA .68AC SITE CLASS PS DESIGN FLOW ~~440~~ 480GPD L.T.A.R. .36PO/AC

Septic Tank: 1000 Gallons; STB 79 Date 5-12-06
Pump Tank: 1000 Gallons; PT 283 Date 6-10-06
Pump Make: Goulds Model WE0311M Serial No.
Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280
No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

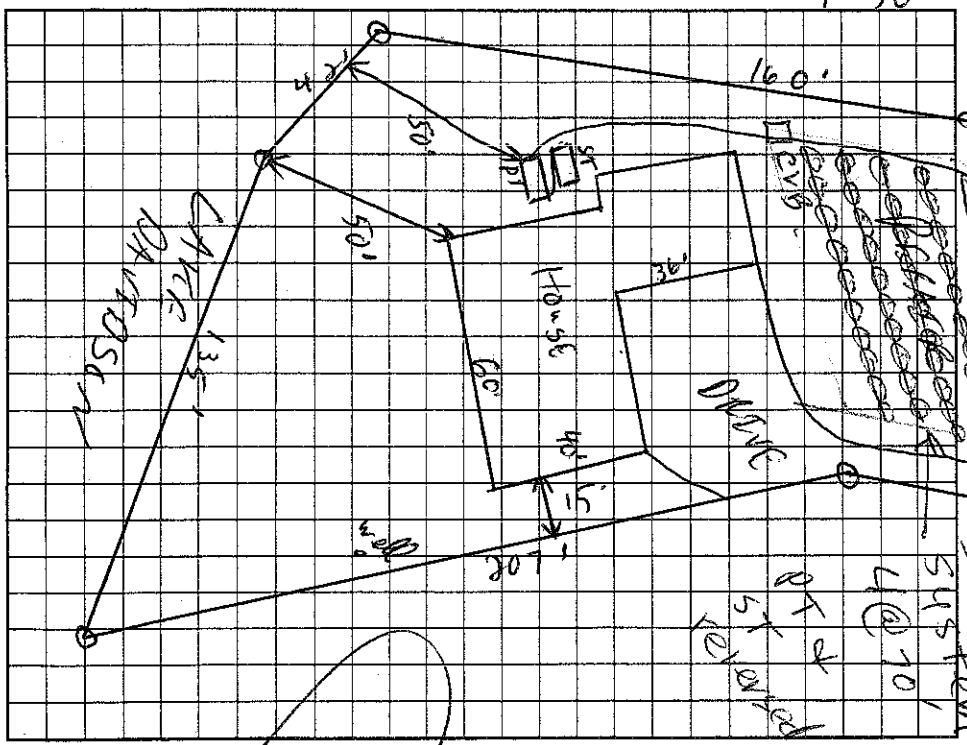
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

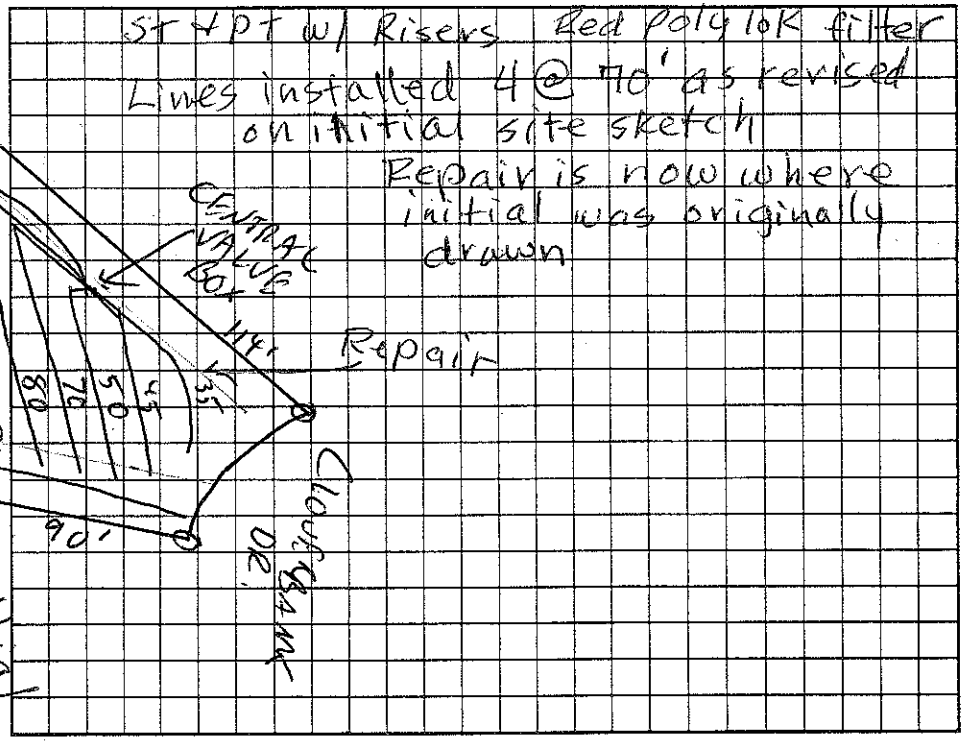
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 1) ROAD NOT CUT IN AT TIME OF EVALUATION 2) SITE VISIT REQUIRED BEFORE A/C TO BE ISSUED 3) DO NOT DISTURB SEPTIC AREA WITH ROAD CUTS OR EROSION CONTROL. 4) DO NOT CUT HOUSE PAD

INITIAL SITE SKETCH 1"=50'



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 4/27/04 Installed by: McCarver Construction Bobby 634-6735

Improvement Permit by: [signature] date 4/23/04 Operation Permit by: [signature] date 5/9/06

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

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