IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118 900 PIN# ~~4644 99 7497 14~~ 4644899342 DATE 4/23/04

OWNER OR CONTRACTOR BURKE BUILDERS / Monogram Homes PHONE: Business 361-0047 Home ~~X~~ 704 483-5382 LeeAnn

ADDRESS PO Box 3481 MOORESVILLE NC 28115

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

SUBDIVISION ESTATES BLOCK / SECTION _____ LOT 14 LOT AREA .63 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3600/Ft²

Septic Tank: 1000 Gallons; STB 794 Date 10/21/05
Pump Tank: 1000 Gallons; PT 283 Date 10/25/05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 206 Linear Feet 412
No Lines 4 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

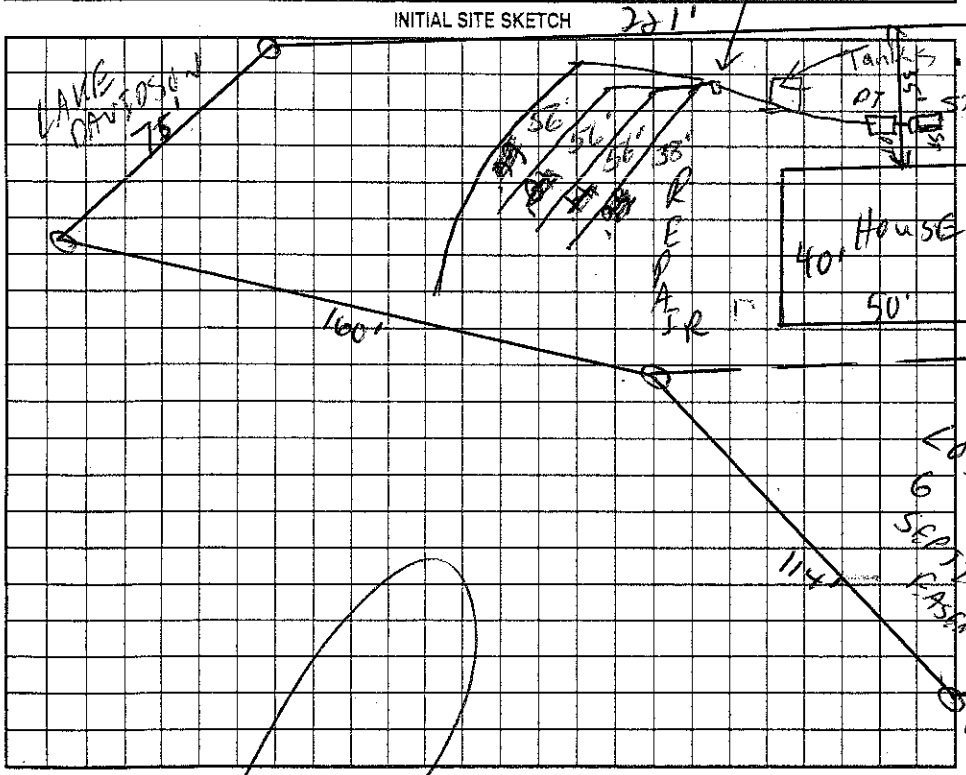
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL OFFSITE ON LOT (17)

Comments:/Conditions: Reviewed Building plans; essentially in Compliance with Improvement Permit 1" = 50'

Comments:/Conditions: 1) SITE VIST REQUIRED BEFORE A/C CAN BE ISSUED - 2) R.S. TO CHECK FOR EROSION CONTROL / SILT PONDS ON DRAINFIELD AREA.

INITIAL SITE SKETCH



AS BUILT SKETCH

3) WELL IS OFFSITE ON LOT (17)

4) ROAD NOT CUT IN AT TIME OF EVALUATION

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 4/27/04 Installed by: Bob McCarver

Improvement Permit by: _____ RS date 4/23/04 Operation Permit by: _____ RS date 11/12/05

Authorization to Construct by: _____ RS date 11/1/05 Existing System Inspection by: _____ date _____

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