IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 118876 PIN# ~~4644-94-7447-7~~ 4044993044 DATE 4/30/07

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

ADDRESS PO BOX 3481 MOORESVILLE NC 28115

LOCATION 115(S) - TR BRIGGS FARM - TR CLOVERBANK - ON LT

SUBDIVISION ESTATES BLOCK / SECTION LOT 7 LOT AREA 1.5 AC SITE CLASS. ES DESIGN FLOW 360GPD L.T.A.R. .36 GPD/SQ FT

Septic Tank: 1000 Gallons; STB 353 Date 3-26-07
Pump Tank: 1000 Gallons; PT 283 Date 4-3-07
Pump Make: GOULDS Model PUSTAR Serial No. E0715556
Nitrification Field: No Fields 1 Square Feet 430 Linear Feet 215
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 4/4

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

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

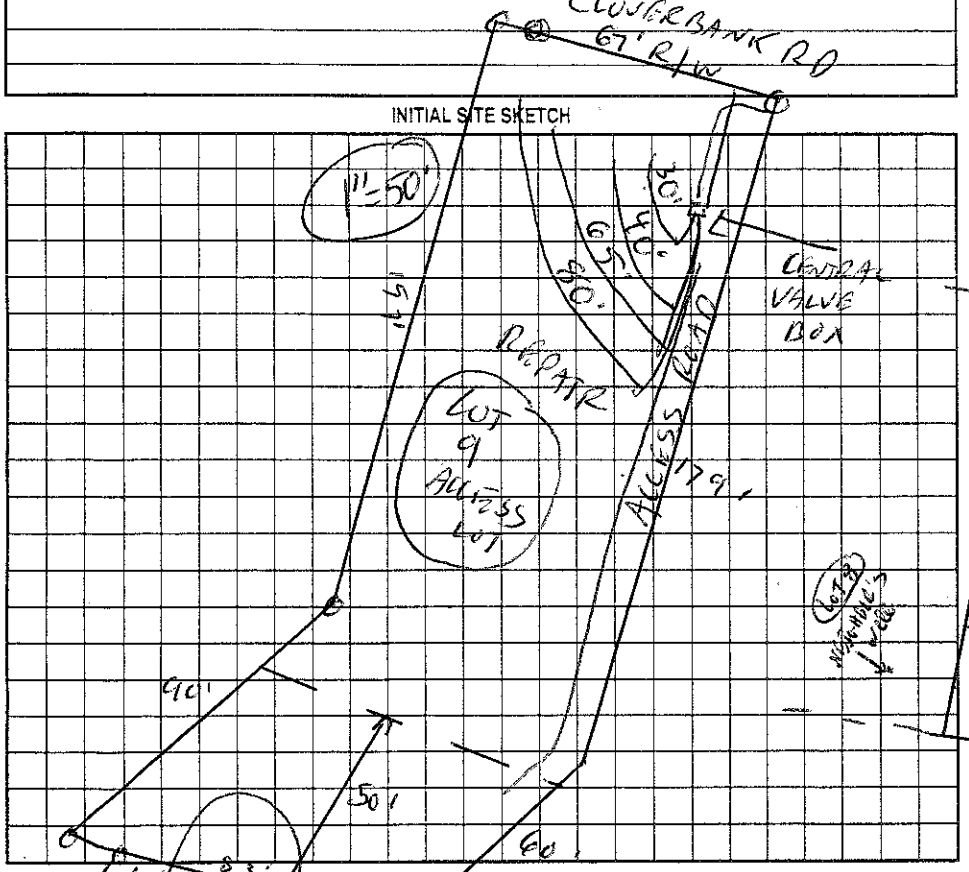
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

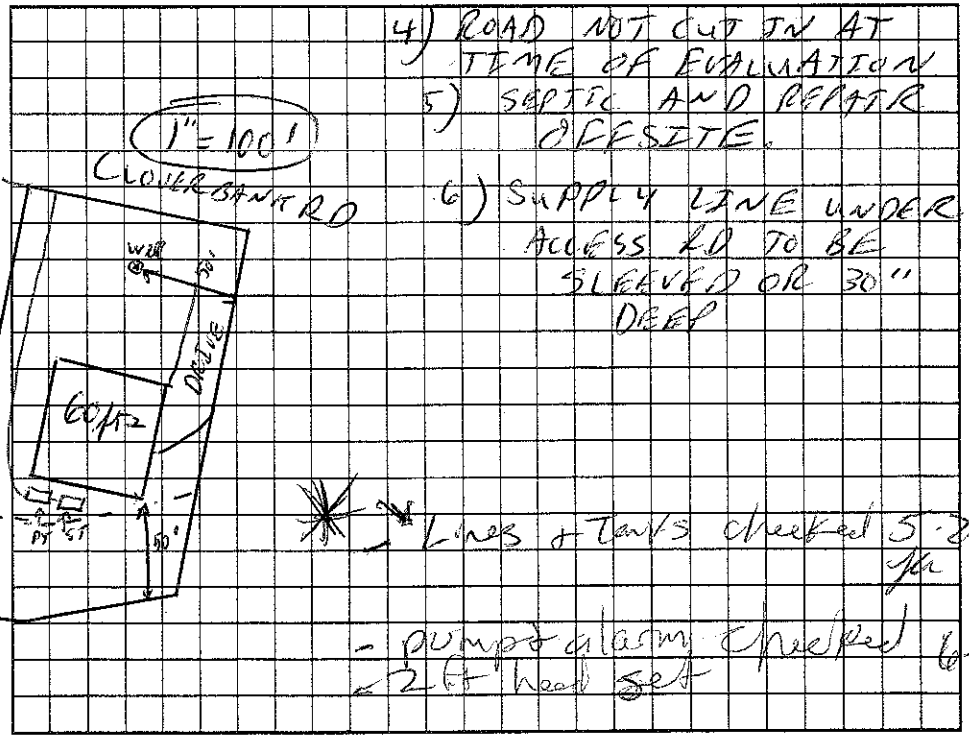
Comments:/Conditions:

Comments:/Conditions: 1) SEE MAP FOR SUPPLY LINE LOCATIONS
2) SITE VISIT REQUIRE BEFORE A/C CAN BE ISSUED.
3) DO NOT DISTURB SEPTIC OR REPAIR WITH ROAD CUT OR EROSION CONTROL
4) ROAD NOT CUT IN AT TIME OF EVALUATION
5) SEPTIC AND REPAIR OFFSITE.
6) SUPPLY LINE UNDER ACCESS RD TO BE SLEEVED OR 30" DEEP

INITIAL SITE SKETCH



AS BUILT SKETCH



Lines & Tanks checked 5-21-07 jm

- pump alarm checked 6-5 ~2 ft head set

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 5-11-04 Installed by: Bob McCarver

Improvement Permit by: _____ date 4/30/07 Operation Permit by: _____ date 8-22-07

Authorization to Construct by: _____ date 12/4/06 Existing System Inspection by: _____ date _____

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