IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118875 PIN# 4644-99-1776 4644991084

OWNER OR CONTRACTOR BURKE BUILDERS PHONE: Business 361-0047 Home

ADDRESS PO BOX 3481 MOORESVILLE NC 28115 DATE 4/23/04

LOCATION 115(2) - IR BROOKSFARM - IR CLOVERBANK - LOT ON RT - SEPTIC ON RT

SUBDIVISION ESTATES BLOCK / SECTION LOT 6 LOT AREA 1.58AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 360 LF

Septic Tank: 1000 Gallons; STB 294 Date 6/20/03

Pump Tank: 1000 Gallons; PT 283 Date

Pump Make: Gould's Model WE07124 Serial No.

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 210

No Lines 3@70' 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 - OFFSITE

Repair System Description: SAME - OFFSITE

Maintenance Agreement Required: ☑ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

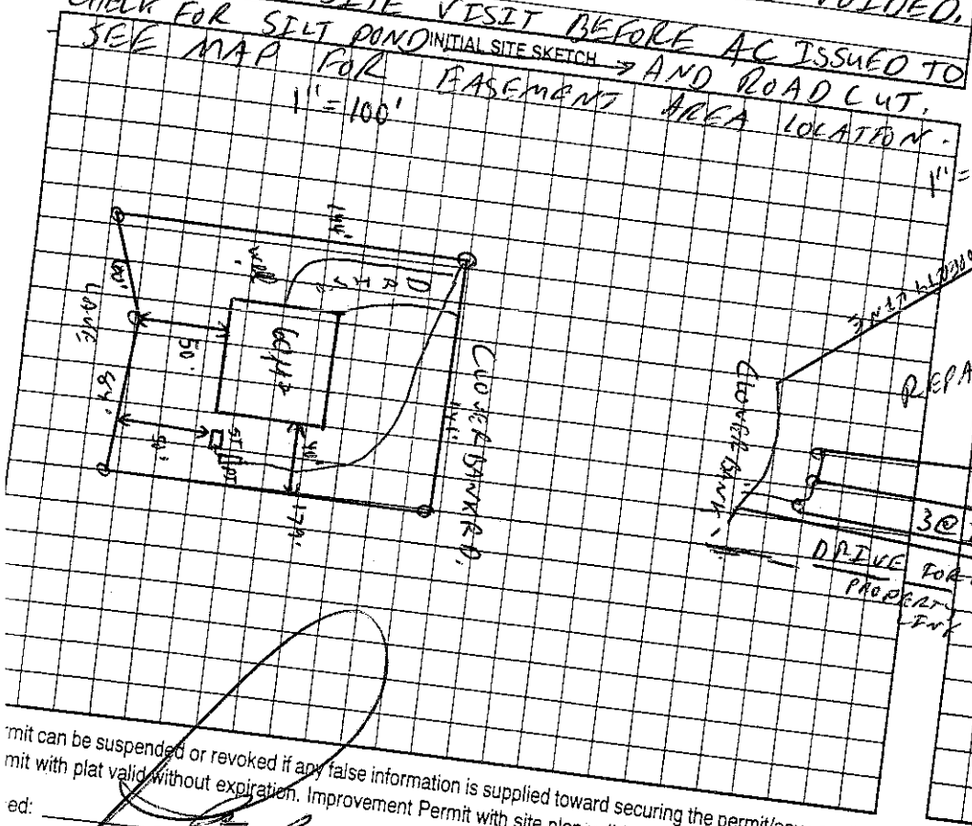
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: IF ROAD CUT DISTURBS FRONT OF LOT - SEPTIC PERMIT WILL BE VOIDED. REQUIRED SITE VISIT BEFORE AC ISSUED TO CHECK FOR SILT POND AND ROAD CUT. SEE MAP FOR EASEMENT AREA LOCATION.

Comments/Conditions: ROAD NOT CUT IN AT TIME OF EVALUATION - SILT PONDS/DRAINAGE NOT ESTABLISHED

INITIAL SITE SKETCH

1" = 100'



AS BUILT SKETCH

1" = 50'



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.

Approved: _____

Improvement Permit by: _____ date 4/27/04

Authorization to Construct by: _____ date 4/23/04

Installed by: McCarver

Operation Permit by: _____ date 8/17/05

Existing System Inspection by: _____ date 3/29/06

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