IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118906 PIN# ~~4644494477.18~~ 9644495228 DATE 4/26/04

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

ADDRESS PO BOX 3481 MOORESVILLE NC 28115

LOCATION 115 (S) - TR BROOKS FARM - TR CLOVERBACK RD - ON LFT.

SUBDIVISION ESTATES BLOCK / SECTION LOT 18 LOT AREA .58AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .2GPD/FT2

Septic Tank: 1000 Gallons; STB 3PB Date 12/19/03
Pump Tank: 1000 Gallons; PT 293 Date 7/16/05
Pump Make: Goulds Model WE05511H Serial No.
Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450
No Lines 8 Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth N/A

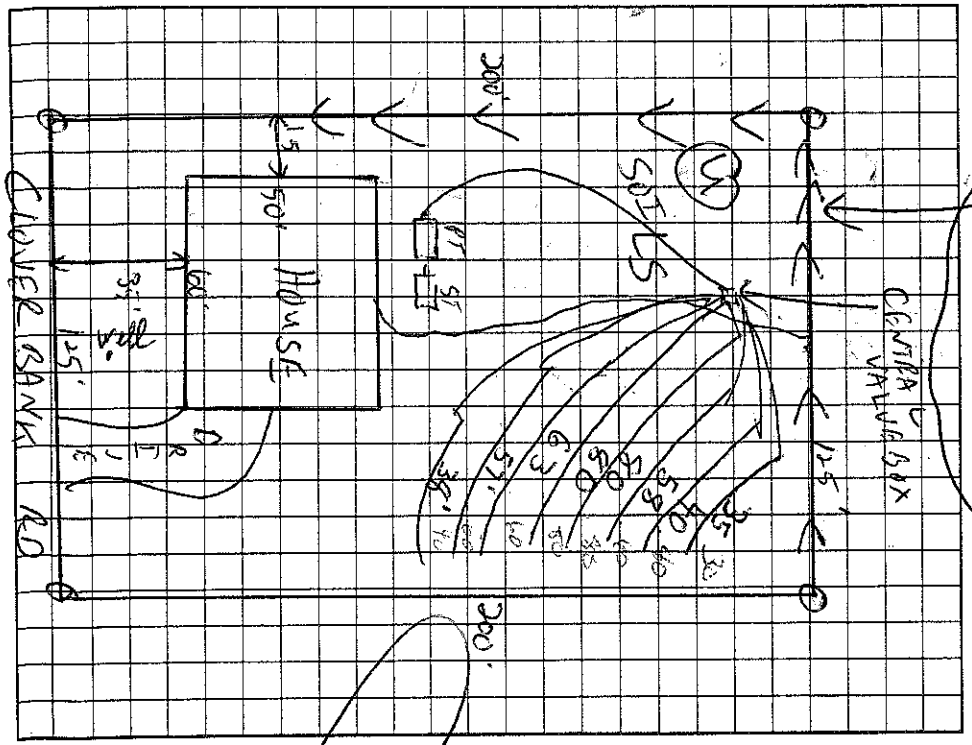
☐ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP 25% REDUCTION
Repair System Description: LP PANEL OFFSITE
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 1) DO NOT CUT HOUSE SITE 2) SITE VISIT REQUIRED BEFORE A/C TO BE ISSUED 3) CHECK FOR EROSION CONTROL METHODS 4) DO NOT COMPROMISE SEPTIC AREA WITH EROSION CONTROL. 5) ROAD NOT CUT AT TIME OF EVALUATION. 6) SEE PLAT FOR OFFSITE REPAIR AREA & SUPPLY LINE LOCATION.

INITIAL SITE SKETCH



AS BUILT SKETCH

Weekly Sparks visited site for A/C ON 4/5/04 - Everything OKAY.

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: M^c Carver

Improvement Permit by: _____ date 4/26/04 Operation Permit by: _____ date 10/14/05

Authorization to Construct by: _____ date 4/6/05 Existing System Inspection by: _____ date _____

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