IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118911 PIN# 4644 99 7447.21 4644992 08 DATE 4/26/04

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

ADDRESS PO BOX 3481 MOORESVILLE NC 28115

LOCATION 115 (S) - TR BRIDGESFARM - TR CLOVERBANK - ON RT

SUBDIVISION ESTATES BLOCK / SECTION LOT 21 LOT AREA .594C SITE CLASS. DS DESIGN FLOW 360GPD L.T.A.R. 236-PD/FP

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240

No Lines 4 Trench Width 20" 24" Max Trench Bottom Depth 30" Gravel Depth

☑ 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

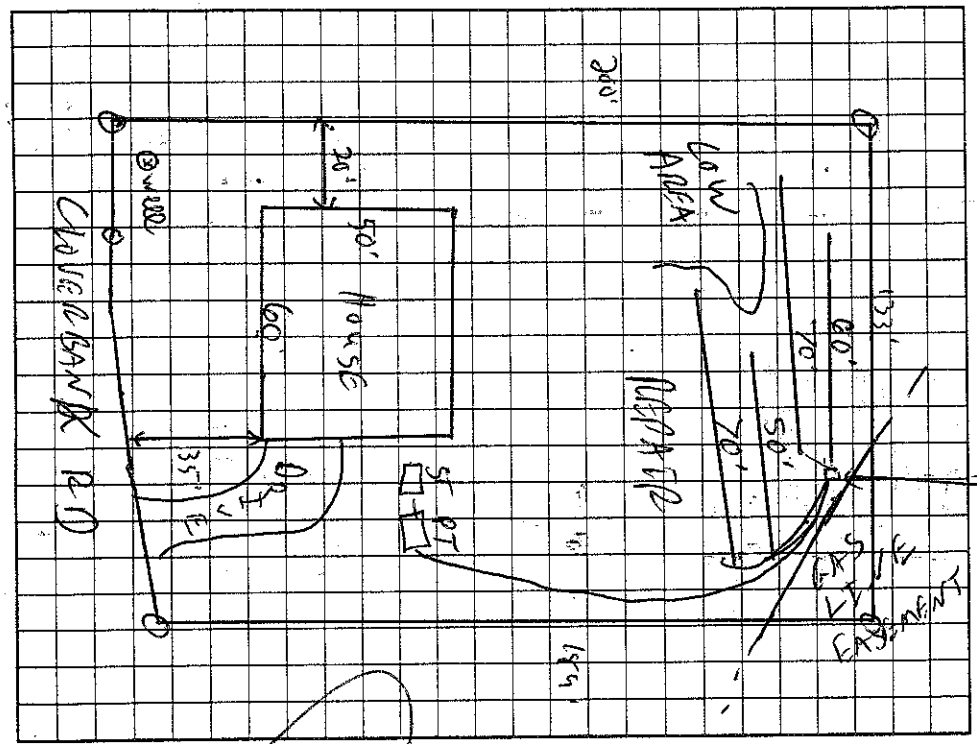
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 1) DO NOT CUT HOUSE PAD 2) SITE VISIT REQUIRED BEFORE A/C TO BE ISSUED 3) CHECK FOR EROSION CONTROL METHODS 4) DO NOT COMPROMISE SEPTIC & REPAIR AREA WITH EROSION CONTROL.

Comments:/Conditions: 5) ROAD NOT CUT IN AT TIME OF EVALUATION.

INITIAL SITE SKETCH



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: date 3/27/04

Improvement Permit by: NS date 4/26/04

Authorization to Construct by: LS date 5/17/05

Installed by: McCarver

Operation Permit by: LS date 3/30/06

Existing System Inspection by: date

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