Repair ones

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A PIN# 4667-96-9804.000 DATE 4/11/08

OWNER OR APPLICANT John + Joan Burden PHONE: Business 828-712-7289 Home 704 663-43-19

ADDRESS 1567 Landis Hwy Mooresville NC 28115

LOCATION same

SUBDIVISION N/A BLOCK / SECTION ____ LOT ____ LOT AREA ≈ 2 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 825-1000 Date 3-6-08
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth ____

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

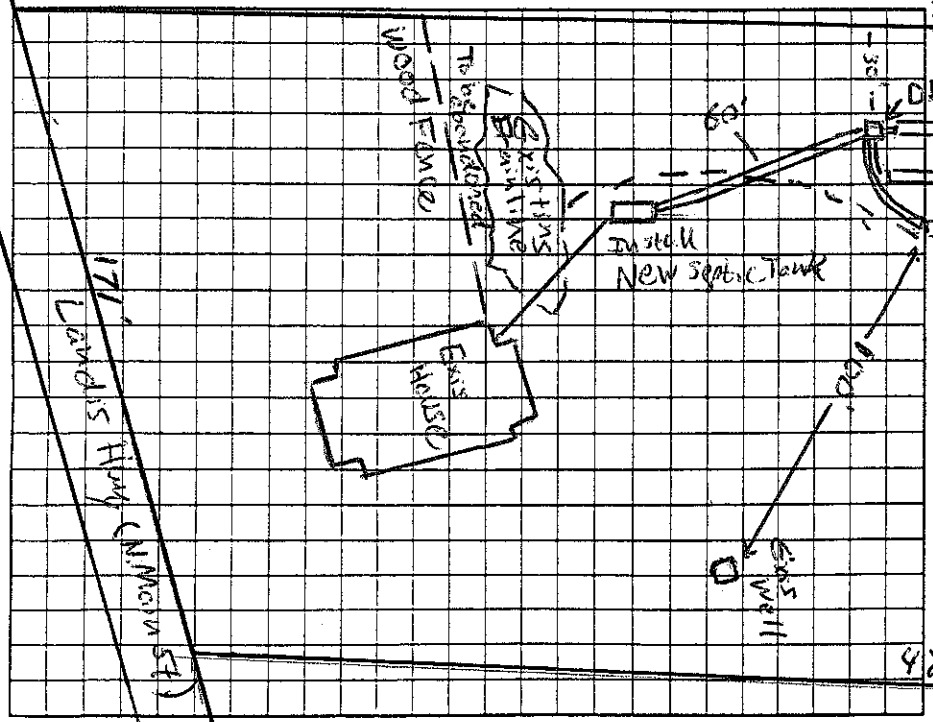
Water Supply: ☑ Individual ☐ Public ☐ Community

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

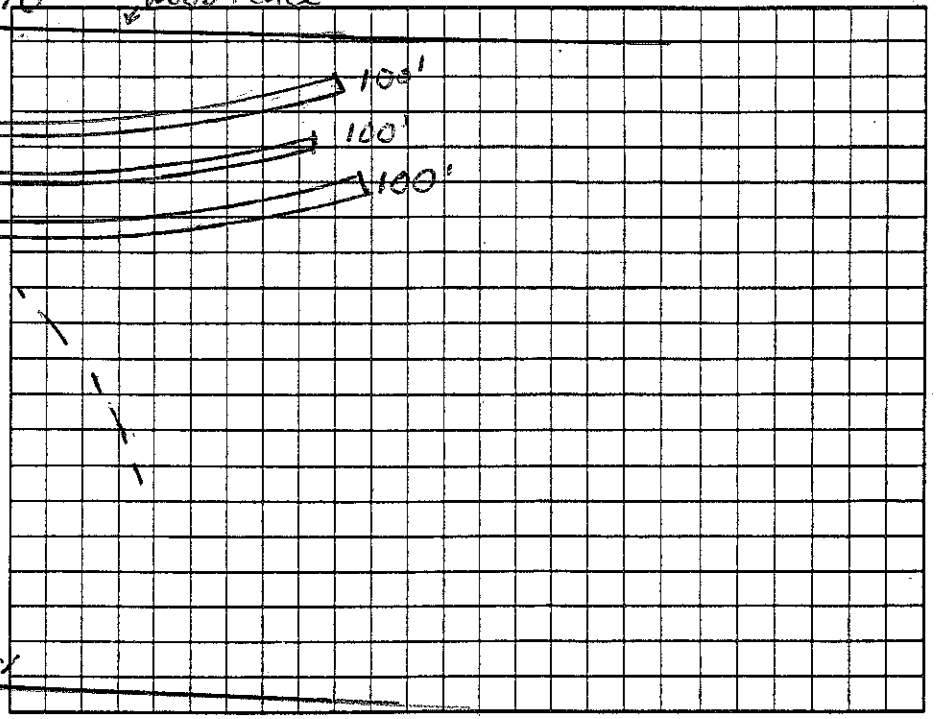
Comments:/Conditions: Abandon Existing Septic Tank and Septic System due to failure.
Install DB w/ flow levelers for equal distribution
Keep 100' from well.

Comments:/Conditions:

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: Carl A. Burgess date 4/14/08 Installed by: JST Enterprises

Improvement Permit by: Anthony Coker date 4/11/08 Operation Permit by: B-A date 4-22-08

Authorization to Construct by: Anthony Coker date 4/11/08 Existing System Inspection by: ____ date ____

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