IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (@) MOORESVILLE 704-664-5281

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

PERMIT# 147999 PIN# 4728 05 5776

OWNER OR APPLICANT Burnett Construction PHONE: Business (704) 871-7155 Home (704) 201-9935

ADDRESS 295 Treebark Rd. Statesville, N.C. DATE 6 February 08

LOCATION 117 Treebark Rd. / 115 N TL Pisgah TC Treebark Rd - 2N Lot.

SUBDIVISION Treebark BLOCK / SECTION ____ LOT 10 LOT AREA 0.653 AC. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3/.12/d

Septic Tank: 1000 Gallons: STB 760 Date 3-2-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ASA

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Follow contour/ Home setback requirements

Comments/Conditions:

Red Tilley

INITIAL SITE SKETCH

Please see attached Layout 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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑

Signed: Joseph Hyde date ____

Improvement Permit by: [signature], R.S. date 6 Feb. 08

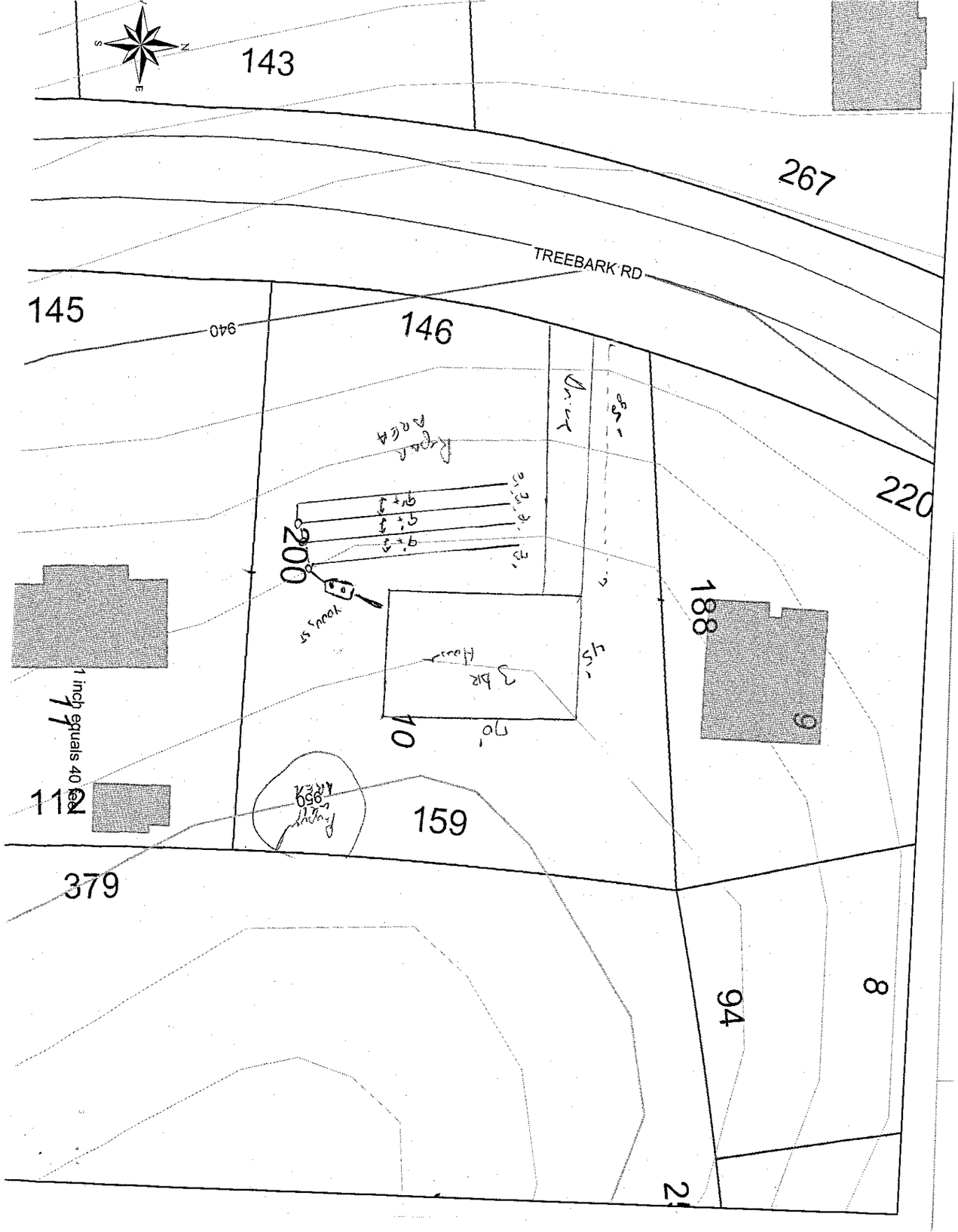
Authorization to Construct by: [signature], R.S. date 6 Feb 08

Installed by: Madison Grading

Operation Permit by: [signature] date 6/19/08

Existing System Inspection by: ____ date ____

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


143
267
TREEBARK RD
145
146
940
220
200
188
112
159
379
94
8
1 inch equals 40 feet