COPY

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 165505 PIN # 4761 34 0906 DATE March 7, 2011

OWNER or APPLICANT Burke Development PHONE: Business 704-361-0047 Home:

OWNER or APPLICANT ADDRESS PO Box 3481 Mooresville NC 28115

LOCATION / DIRECTIONS Oswalt Amity TR Wheatfield near end on left

SUBDIVISION Wheatfield BLOCK / SECTION 1 LOT # 89 LOT AREA .54Ac DESIGN FLOW 360 L.T.A.R. .3gpd/ft²

Septic Tank 1000 Gallons: STB 786 Date 9-5-10

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA ☒ GRAVITY ☐ PRESSURE

☒ New System ☐ Repair ☐ Expansion System Type ☐ II ☐ III ☐ IV ☐ V ☐ VI

System Description: 2590 Reduction Gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required ☐ YES ☒ NO

☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Min. 5' from system to building foundation

Comments / Conditions:

INITIAL SITE SKETCH

See Plan from Michael Athanas & Assoc. Approved by ICHD

AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN JA

75 CHAMBERS USED

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: ____ Date 3-18-11

Improvement Permit by: Judy McNilly Date 3-8-11

Authorization to Construct by: Judy McNilly Date 3-18-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ADAN

Operation Permit by: ____ REHS Date: 5-5-11

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant