IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093897 PIN# 4761 37 2649 DATE 1/24/01

OWNER OR CONTRACTOR SCOTT BURCHETTE PHONE: Business 704-662-8436 Home

ADDRESS P.O. BOX 1101, MOORESVILLE, NC 28115

LOCATION 70 E, (R) BETHESDA (R) FIELDCREST (R) WOODHAVEN (R) WOODTOP

SUBDIVISION WOODHAVEN EST BLOCK / SECTION LOT 16 LOT AREA 2.21 Ac. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI

System Description: 25% REDUCTION

Repair System Description: PUMP "TO" REPAIR

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

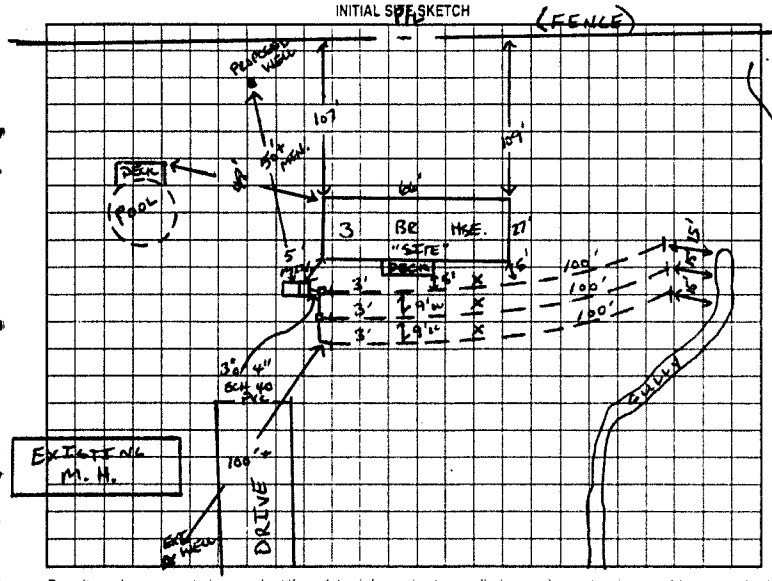
Water Supply: ☑ Individual ☐ Public ☐ Community

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

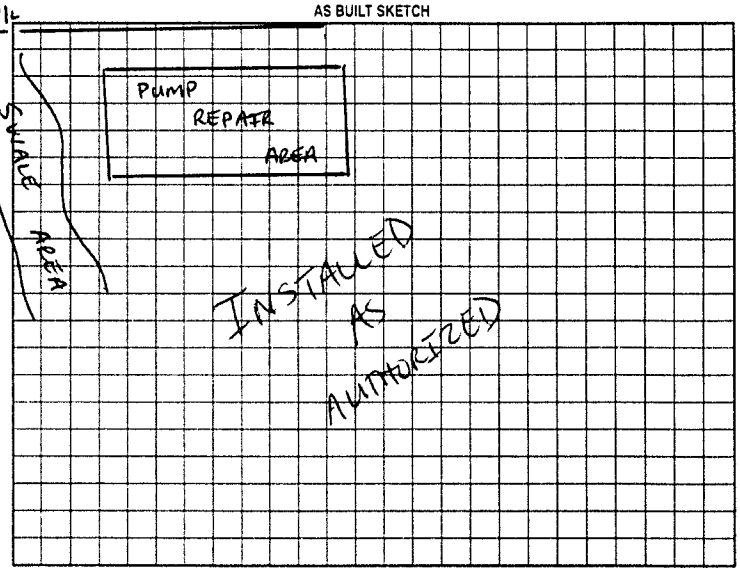
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN ALL NOTED SETBACKS ④ 50 TOTAL CHAMBERS OR 300' EXPANDED POLYSTYRENE AGGREGATE

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: Cindy May date 1-24-01 Installed by: A-1 GRADING

Improvement Permit by: Tracy Shinn date 1/24/01 Operation Permit by: Tracy Shinn date 1/30/01

Authorization to Construct by: Tracy Shinn date 1/24/01 Existing System Inspection by: date

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