IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105682 PIN# ~~3792596459~~ 3792596459 DATE 7-23-07

OWNER OR APPLICANT Matt Fowler PHONE: Business _____ Home 704-873-5145

ADDRESS 3510 Flint Drive Statesville NC 28677

LOCATION Off (R) to 1st Ashley Acres (S) on Left At End

SUBDIVISION _____ BLOCK / SECTION _____ LOT 7 LOT AREA 4.85 AC SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1050 Gallons; STB 600 Date 7-16-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1025 Linear Feet 256
No Lines 2 Trench Width 36" Max Trench Bottom Depth 30

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 2
☐ Business No. Employees ___
☐ Other

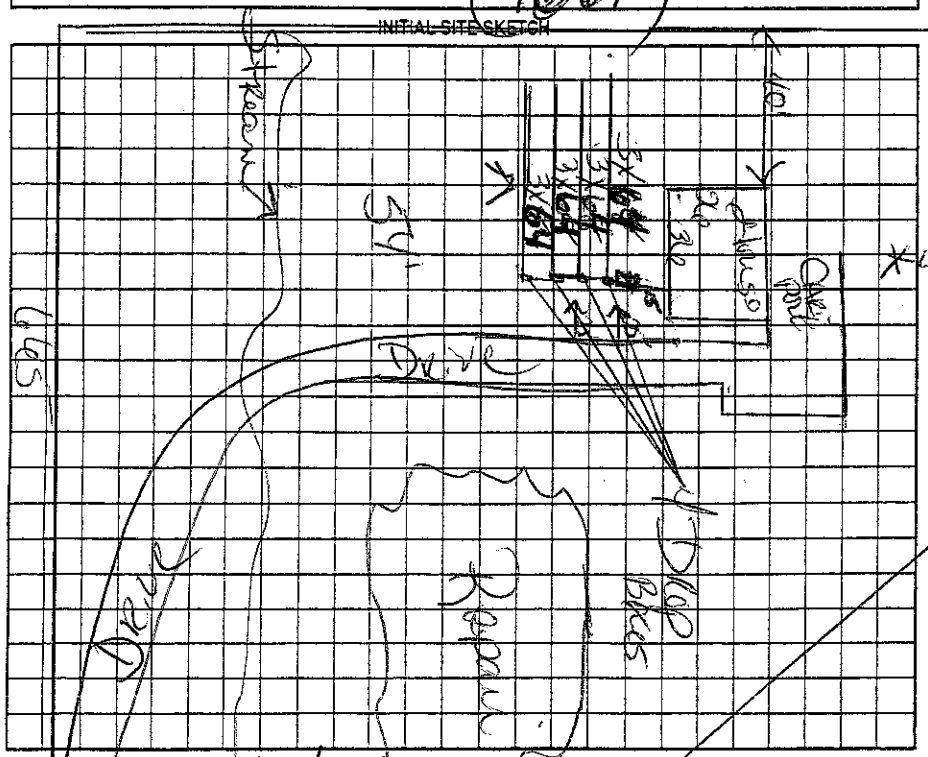
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth 30" ☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

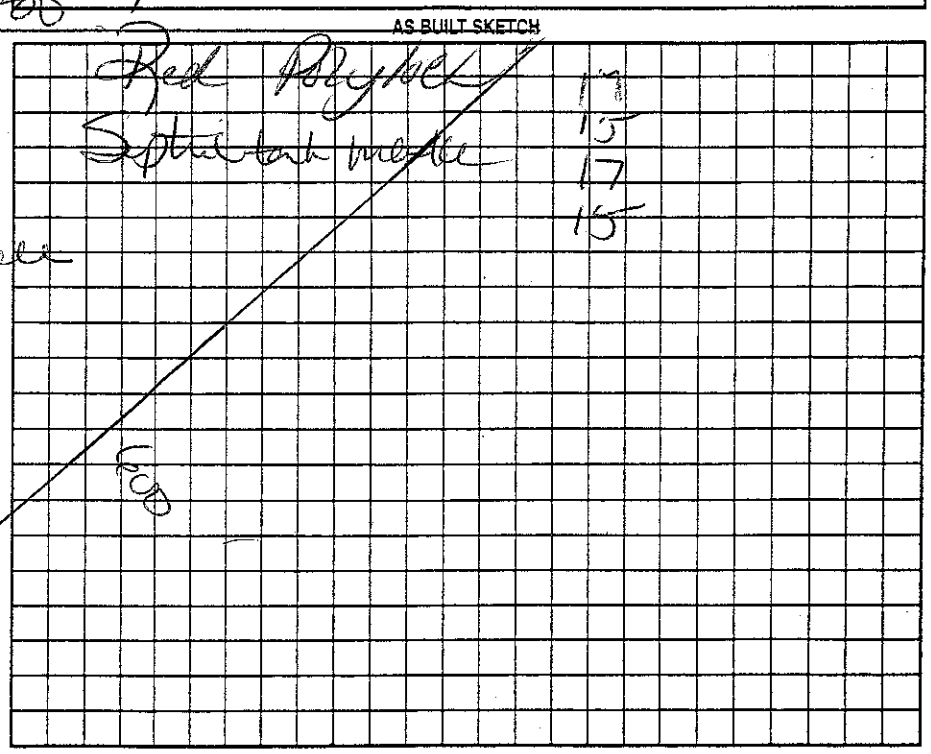
Comments:/Conditions:
* NOT to SCALE
(4064)

Comments:/Conditions:
Mantain all setbacks
Install on contour

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: Ashley Acres 240 date 7-23-07 Installed by: Randy Myers and Sons

Improvement Permit by: [signature] date 7-23-07 Operation Permit by: [signature] date 7-23-07

Authorization to Construct by: [signature] date 7-23-07 Existing System Inspection by: _____ date _____

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