IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082332 PIN# 4626682811 DATE 7/9/99

OWNER OR CONTRACTOR Jack Fetchon PHONE: ~~Business~~ 663-7319 Home 366-6343 Charlotte

ADDRESS 113 Due East Rd Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree TR Grasshopper Bear Rt Turn onto Due East

SUBDIVISION CL&T Sec 8 BLOCK / SECTION 8 LOT 47 LOT AREA .99 Acre SITE CLASS. Existing DESIGN FLOW 240gpd L.T.A.R. Existing

Septic Tank: 1600 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36"+

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: ____

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 12"

[X] House/Mod. Home No. Bedrooms 2

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees ____

[ ] Other ____

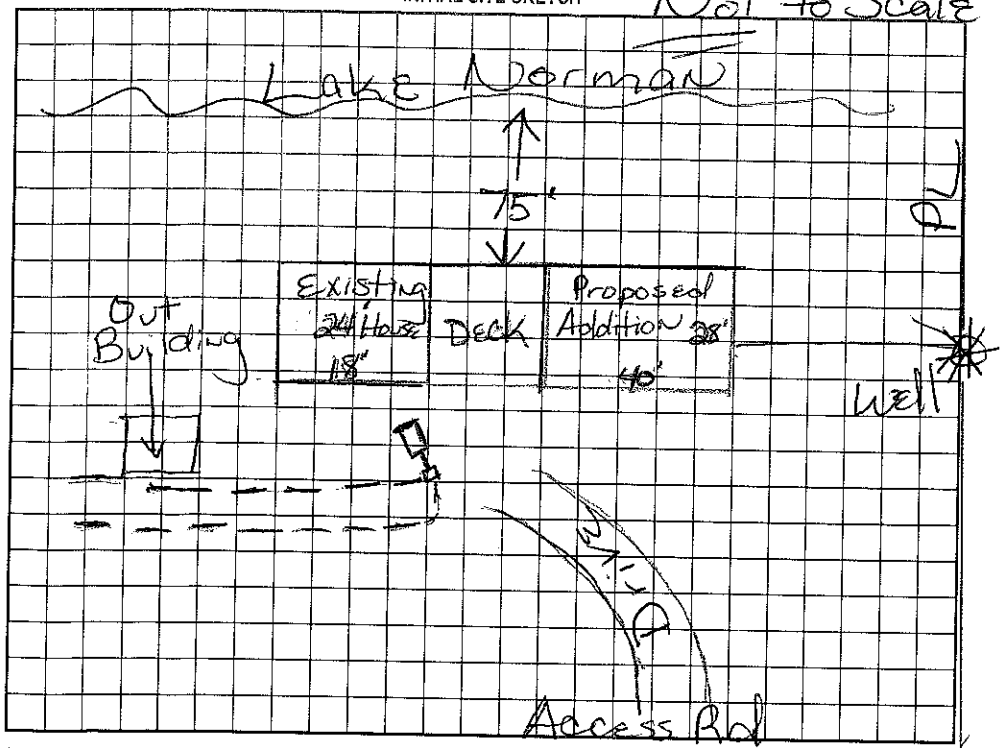
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

Water Supply: [X] Individual Shared [ ] Public [ ] Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems noticed

Comments/Conditions: New addition will have basement. Keep foundation drain at least 25' from Septic. Originally installed 7/3/86

INITIAL SITE SKETCH Not to Scale



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: Jack N. Fetchon date ____

Improvement Permit by: Maria H. Dotson RS. date 7/9/99

Authorization to Construct by: Maria H. Dotson RS. date 7/9/99

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria H. Dotson RS. date 7/9/99

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