IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141699 PIN# 4628 87 6471 DATE 2/25/08

OWNER OR APPLICANT Randall Bowen PHONE: Business 704-437-6370 Home

ADDRESS 167 Fern Haven Ln. Mooresville, NC 28117

LOCATION Perth Rd. TL. Fern Hill Rd. TR Fern Haven Ln. last lot on cul de sac

SUBDIVISION CL+T BLOCK / SECTION 15 LOT LOT AREA SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1/4/08

Pump Tank: 1000 Gallons; PT 27 Date 1/19/08

Pump Make: Goulds Model WE6-312HC Serial No.

Nitrification Field: No Fields 1 Square Feet 534 Linear Feet 267

No Lines 3 @ 89 Trench Width 2' Max Trench Bottom Depth 3'

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI

System Description: LP - 16" APBPS

Repair System Description: < 83 Lot

Maintenance Agreement Required: [ ] Yes [ ] No

[ ] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Persons

[ ] Business No. Employees

[ ] Other

Water Supply: [X] Individual [ ] Public [ ] Community INCLUDE SPC

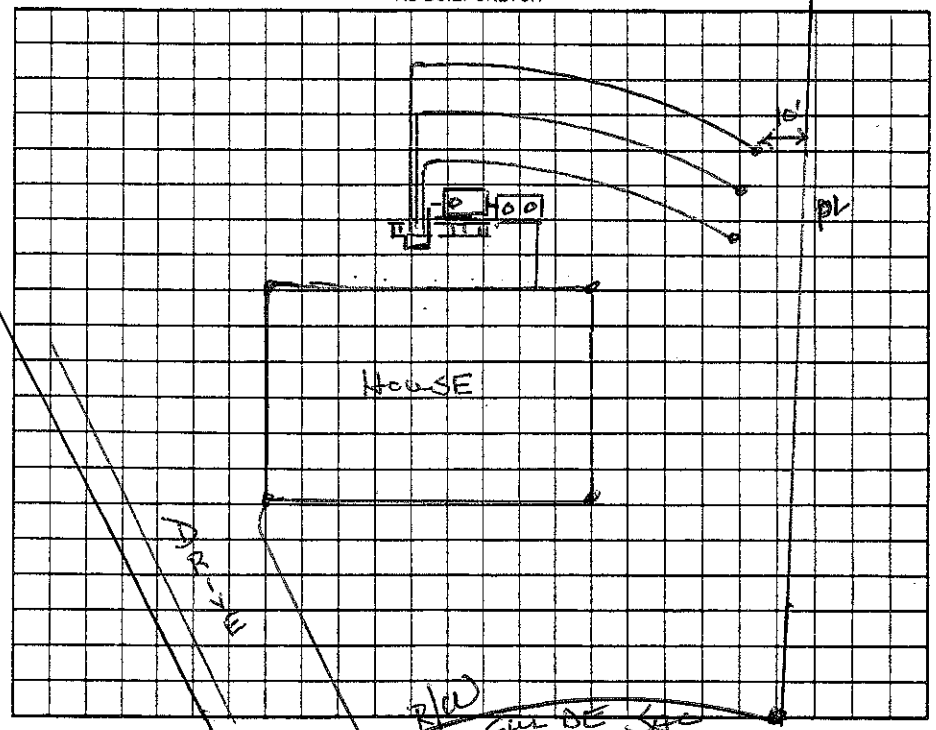
Gravel Depth NO [ ] Gravity [X] Pressure [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions: 5/32" holes, 2' Ditches

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: A-1 FERN HAVEN LN. A-1 Backhoe

Operation Permit by: Wesley Sparks R.S. date 3/12/08

Existing System Inspection by: _____ date _____

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