Owes Ø

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4628963363 DATE 5/5/08

OWNER OR APPLICANT Michael Bowchan PHONE: Business 336 744 1001 Home 336-918-2046

ADDRESS 343 Fairfax Dr. Winston Salem NC 27104

LOCATION Perth Rd N TL Ferra Hill Rd Franklin turns into Point of View Ct 127 Point of View Dr. 1 on Left

SUBDIVISION Point of View BLOCK / SECTION _____ LOT 5 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: ~~1000~~ New (1500 ST) Gallons; STB 1011 Date 7/3/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: Installed Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 6x15

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Install Septic Tank

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

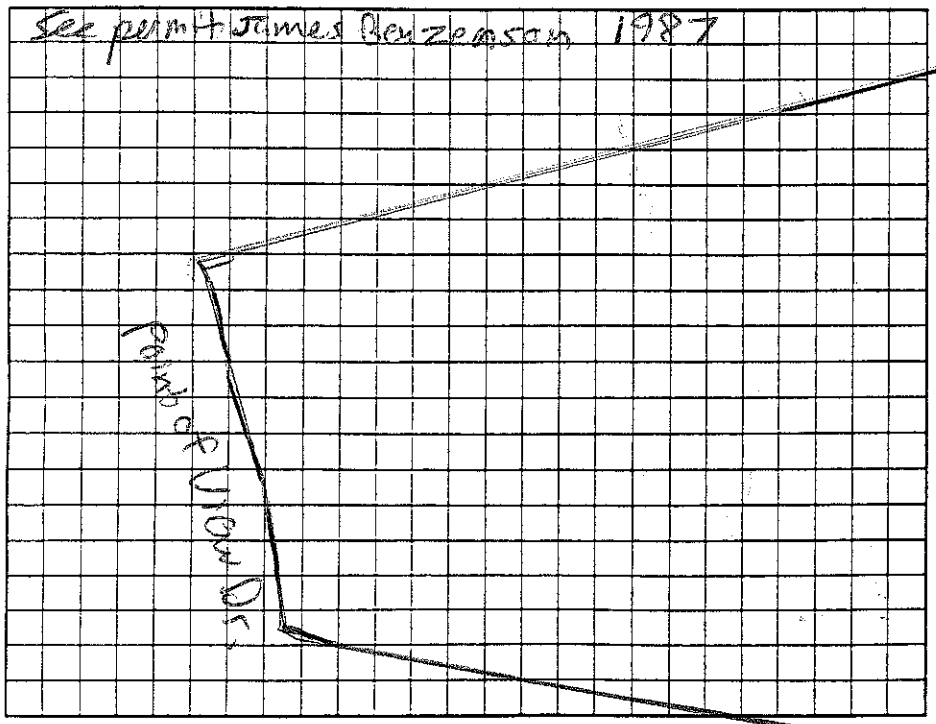
☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Existing 1250gallon Tank showing some cracks Either repair Existing Tank or Install New 1000 gallon tank and abandon Existing 1250gal tank.

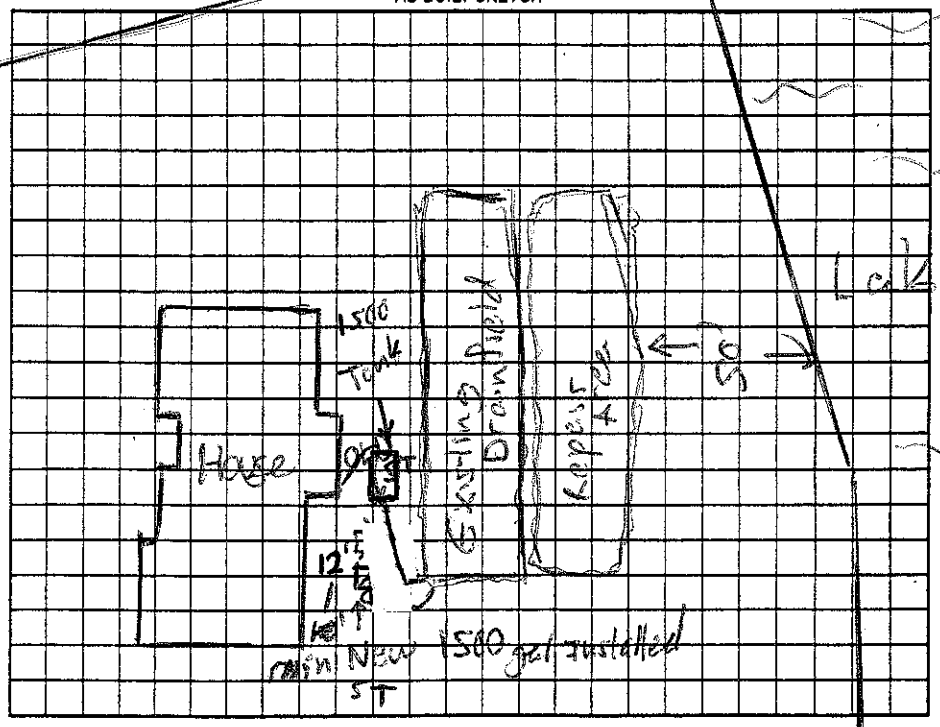
Comments:/Conditions:

INITIAL SITE SKETCH

See permit James Benzeason 1987



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: Anthony Cohen Jr. RS date 5/5/08

Authorization to Construct by: Anthony Cohen Jr. date 5/5/08

Installed by: Jared Lentz

Operation Permit by: Anthony Cohen Jr. RS date 1/14/09

Existing System Inspection by: _____ date _____

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