IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0933578 PIN# 4628 97 5452 DATE 1-11-2001

OWNER OR CONTRACTOR Byron Alexander PHONE: Business (828) 478-4337 Home Mobile (828) 368-1751

ADDRESS 7589 Mowbo Rd Catawba NC 28609

LOCATION 122 Fern Haven Ln Perth Rd TL Fernhill go ~ 3mi TR Fern Haven

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. _____

Septic Tank: 1000 (Existing) Gallons _____ Date _____

Pump Tank: _____ Gallons _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

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

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

System Description: EXISTING Gravity-Conventional (Bed)

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

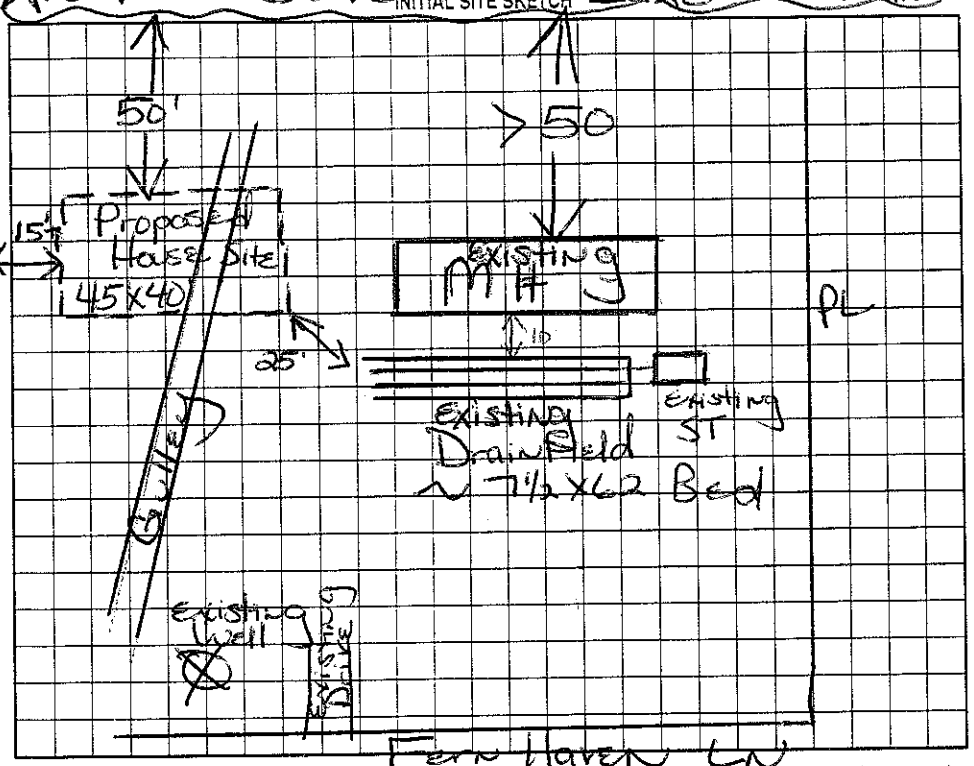
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: Keep basement wall/Fountain drain at least 25' from Drainfield (downgradient) & 15' sidegradient

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 X Byron Alexander date _____

Improvement Permit by: Maina M. Watson RS date 1/11/2001

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maina M. Watson RS date 1/11/2001

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