IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 Paid 125.00 DT MOORESVILLE 704-664-5281

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

PERMIT# 088745 PIN# 4638-23-9148

OWNER OR CONTRACTOR Harold Fowler PHONE: Business (336) 924-1669 Home DATE April 13, 2000

ADDRESS 1823 Riverdale Dr. Pfafftown N.C. 27040

LOCATION 697 Normandy Rd. on left near/at end of Normandy Rd.

SUBDIVISION Normandy Hill BLOCK / SECTION LOT 1 LOT AREA .857 ac SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3-.35

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3@90 Trench Width 36" Max Trench Bottom Depth 30"± Gravel Depth NA

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

System Description: Gravity Innovative-25% Reduction

Repair System Description: Pumped Innovative-25% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

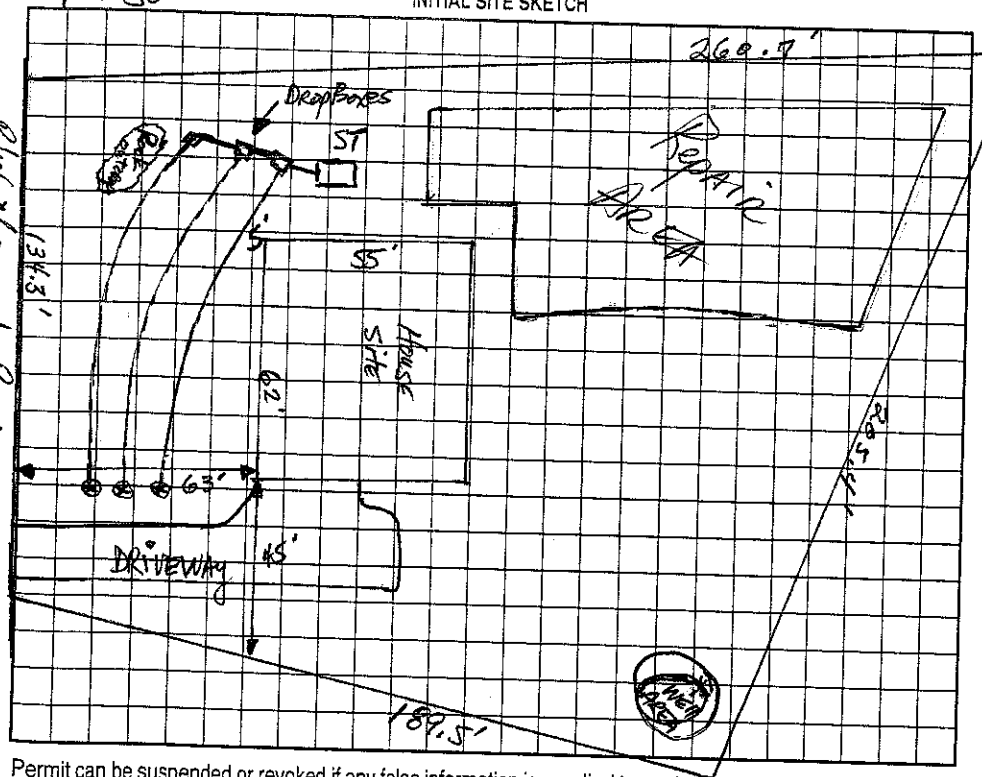
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ⊛ ONE inspection port per lateral - set flush with finished grade.

Comments:/Conditions:

1" ≈ 50'

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: Harold Fowler date 4-17-00

Improvement Permit by: Mark Johnson, RS date 4-12-00

Authorization to Construct by: Mark Johnson, RS date 4-12-00

Installed by: Rowan Septic Tank

Operation Permit by: Wesley Sparks RS date 9/14/00

Existing System Inspection by: date

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