IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093560 PIN# 4639 01 ~~7877~~ 6749 DATE 12/14/00

OWNER OR CONTRACTOR Robert Fotsch PHONE: Business _____ Home 528-6039

ADDRESS 140 Cheshire Ln. Mooresville, NC. 28117

LOCATION Perth N TL Fern Hill TR Riverland R Cheshire Ln., 2nd house on (R)

SUBDIVISION CL+T ~~Cantrell~~ BLOCK / SECTION 15 LOT _____ LOT AREA 1.25 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: ~~EXISTING~~ Gallons: STB 312 Date 10/20/00

Pump Tank 1000 Gallons: PT 50 Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet ~~Existing System~~ Linear Feet _____

No Lines 50' Trench Width ~~Bed~~ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

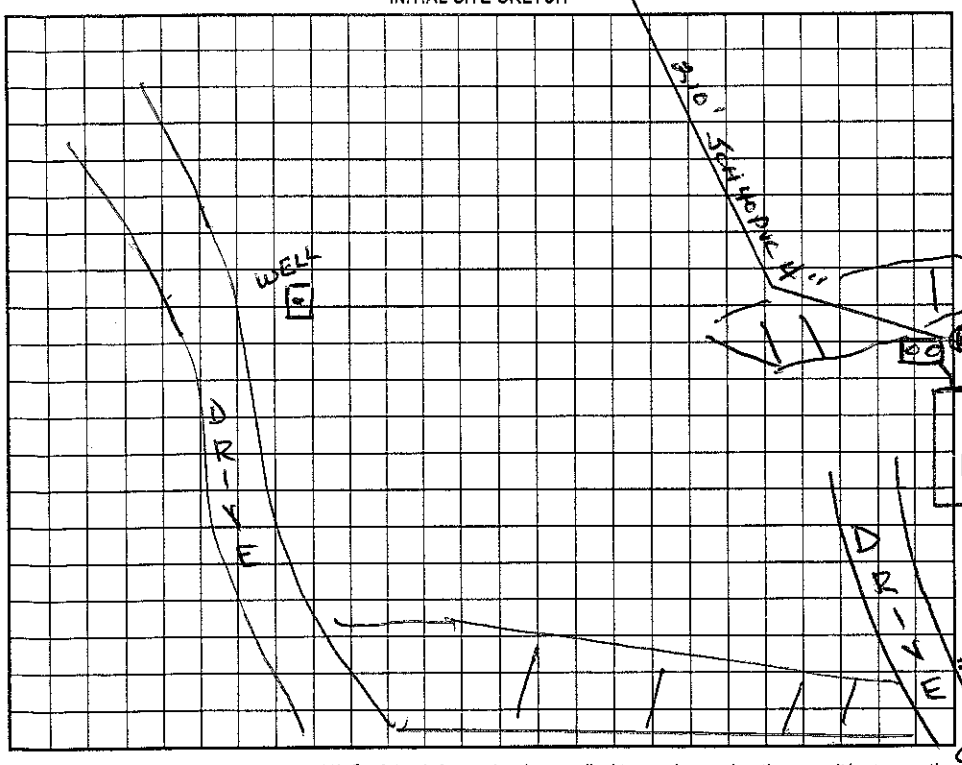
Comments:/Conditions:

Bed.

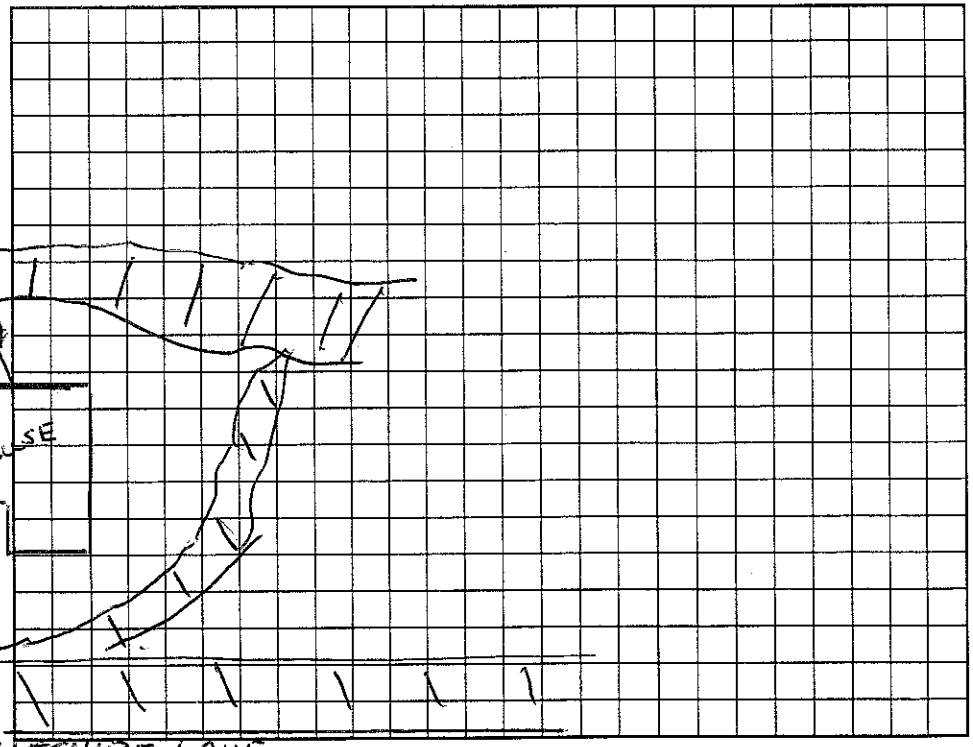
Comments:/Conditions:

Install 1000 GAL S/T with effluent and 200+ feet 4" SCH 40 PVC Line from S/T to existing septic tank down towards lake

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: [signature] date 12/22/00 Installed by: B Hagmon Const.

Improvement Permit by: Wesley Sparks R.S. date 12/14/00 Operation Permit by: Wesley Sparks R.S. date 12/22/00

Authorization to Construct by: Wesley Sparks R.S. date 12/14/00 Existing System Inspection by: _____ date _____

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