4639 55 7187

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122644 PIN# 4639640340.057 DATE 2-8-07

OWNER OR APPLICANT Ahmad Mowlavie PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Perth Rd, TL Fern Hill TL Northington Woods Dr. TL Waterbury TL Whispering Cove Dry LT near end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 57 LOT AREA 2.036 Acre SITE CLASS. P.S. DESIGN FLOW 600 gpd L.T.A.R. .30

Septic Tank: 1500 Gallons: STB 528 Date 11/8/08

Pump Tank: 1500 Gallons: PT 485 Date 11/12/08

Pump Make: Gould AS Model 5HHH Serial No. LCV23547

Nitrification Field: No Fields ___ Square Feet 900 Linear Feet 333

No Lines 6@56' Trench Width 24" 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LP Fenel Rock

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ___ No. Employees ___

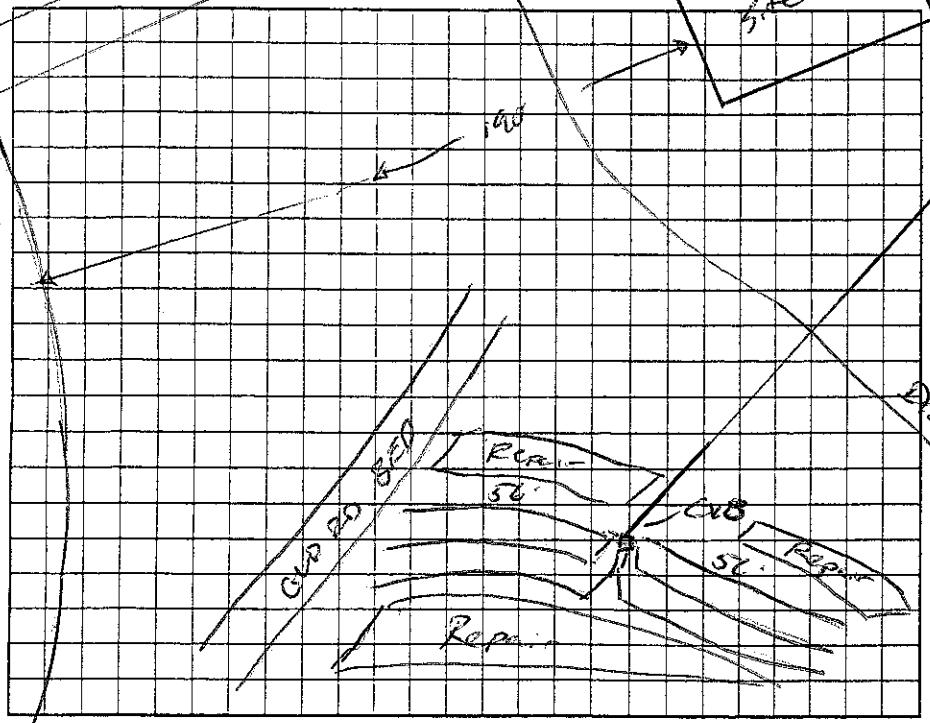
Water Supply: ☒ Individual ☐ Public ☐ Community

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

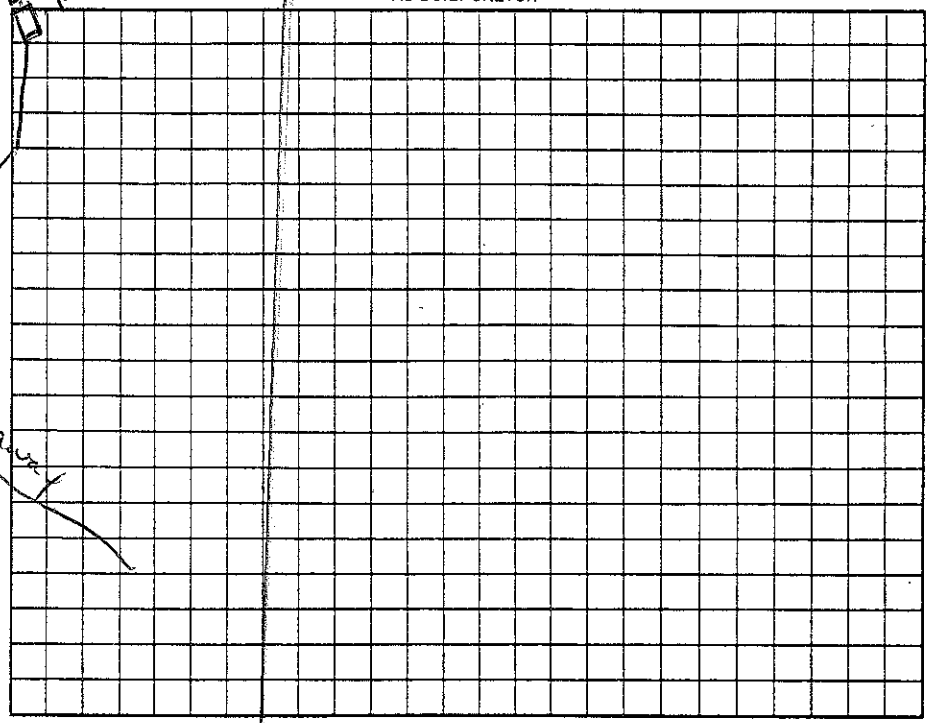
Comments:/Conditions:

Comments:/Conditions: needs electrical, Alarm, & maintenance contract

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 2-17-07 Installed by: Tommy FRYE

Improvement Permit by: John E Edgerton date 2-12-07 Operation Permit by: Wesley Sparks R.S. date 6/27/08

Authorization to Construct by: John E Edgerton date 2-20-07 Existing System Inspection by: _____ date _____

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