IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☑ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # _____ PIN # 4665-90-5468 DATE 2-23-12

OWNER KATHRYN FLERX APPLICANT: JOHN FELLOWS PHONE: Home/Cell # 704-309-7485 Business # _____

SITE ADDRESS 527 JOHNSON DAIRY RD OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS 115 SOUTH, FAITH, LEFT ON JOHNSON DAIRY

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 2.33 AC DESIGN FLOW 480 L.T.A.R. _____

Septic Tank EXISTING Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields EXISTING No. Lines _____ Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth _____

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

System Description: GRAVEL BED

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☒ NO

Gravel Depth _____ ☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 4

☐ Business No. Persons _____

☒ Other No. Employees _____

☐ Slab ☒ Crawl Space

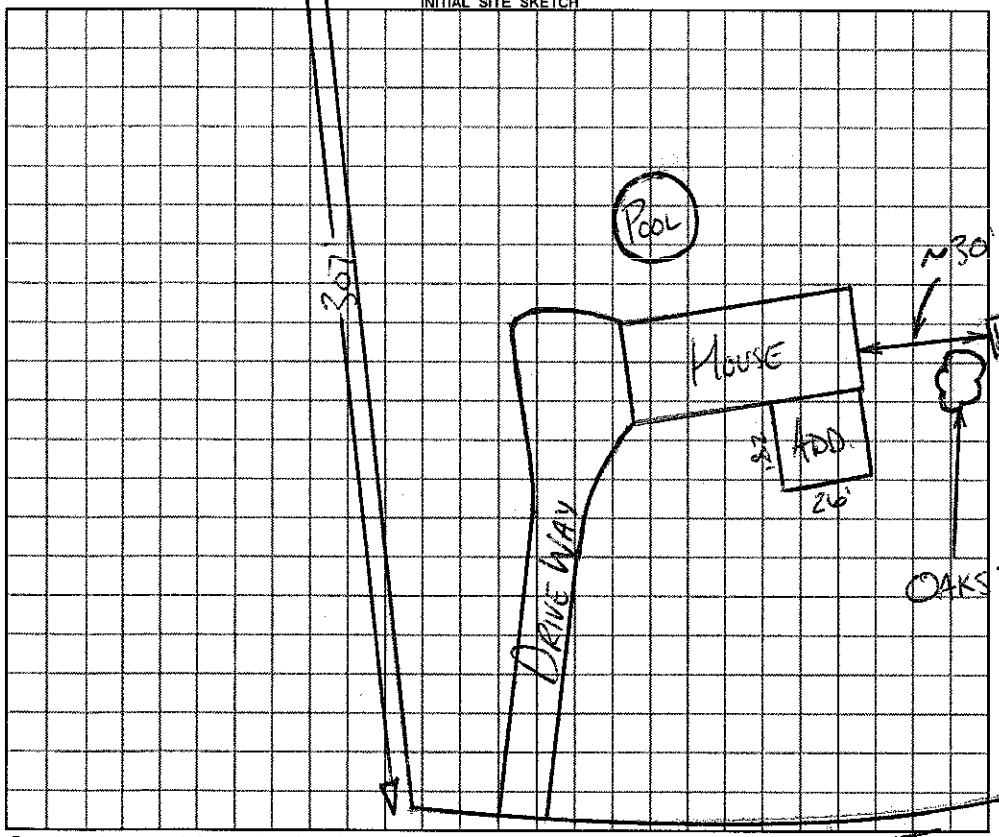
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private ☐ Public ☐ Community

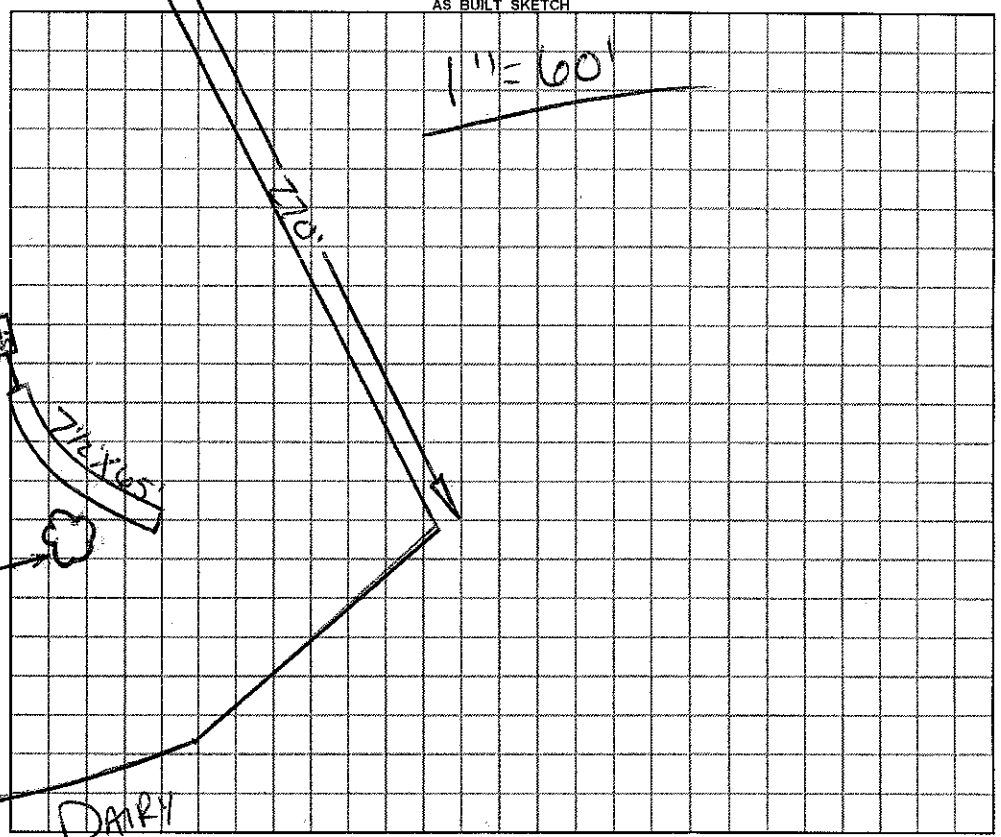
Comments / Conditions

ADDITION

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 plat valid without expiration. ~~site plan valid 60 mo.~~ ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: John Fellows Date 2/27/12 Installed by: _____

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____

OPERATION PERMIT by: _____ ***REHS*** Date _____

Existing System Inspected by: R. A. Ellis ***REHS*** Date 2-23-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant