Voids Previous Permit

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80497 PIN# 4703835309 DATE June 13 2000

OWNER OR CONTRACTOR William Fowkes PHONE: Business _____ Home 871825

ADDRESS 3309 E Broad St Statesville

LOCATION E Lewis Ferry Rd Grace Lynn End of Rd on left

SUBDIVISION Three Oaks BLOCK / SECTION 3 LOT 58 LOT AREA .75 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4 30 00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Conv. GRAVITY
Repair System Description: Pump Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

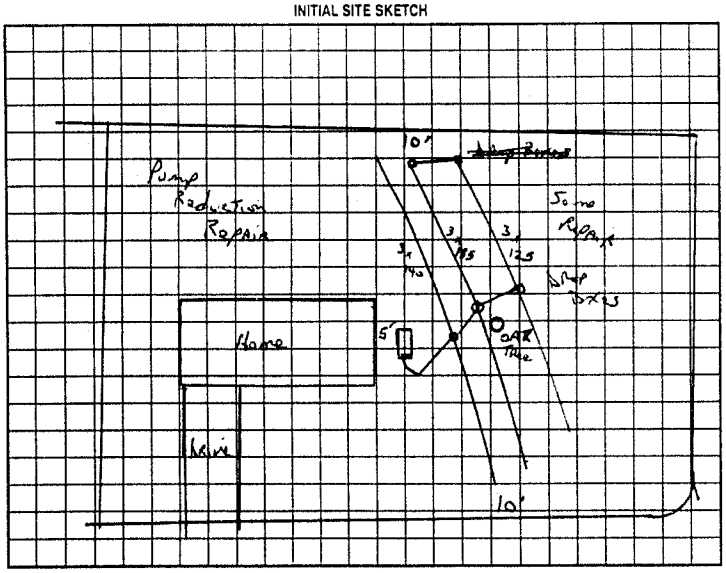
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: INSTALL on Contour
MAY use DISTRIBUTION box w/ speed level To feed each Line - split Lines

Comments:/Conditions.

INITIAL SITE SKETCH



AS BUILT SKETCH

System installed as shown

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: Jason Tarlton date 6-15-2000 Installed by: CRAIG Thompson

Improvement Permit by: JC Potter date 6-14-2000 Operation Permit by: JC Potter date June 19 2000

Authorization to Construct by: JC Potter date 6-14-2000 Existing System Inspection by: _____ date _____

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