IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 52659

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18946 DATE 8-24-94 TAX MAP NO. 8K-10-A-20 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Mark Fowkes PHONE: Business _____ Home 881-1339

ADDRESS Rt. 16 Box 480 Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd TR Pleasant Dr. 2nd to last lot on R before cul-de-sac.

SUBDIVISION Warren Estates BLOCK / SECTION _____ LOT 20 LOT AREA _____ SITE CLASS. PS. DESIGN FLOW 360 L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 10/9/94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: "
Maintenance Agreement Required: ☐ Yes ☑ No

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

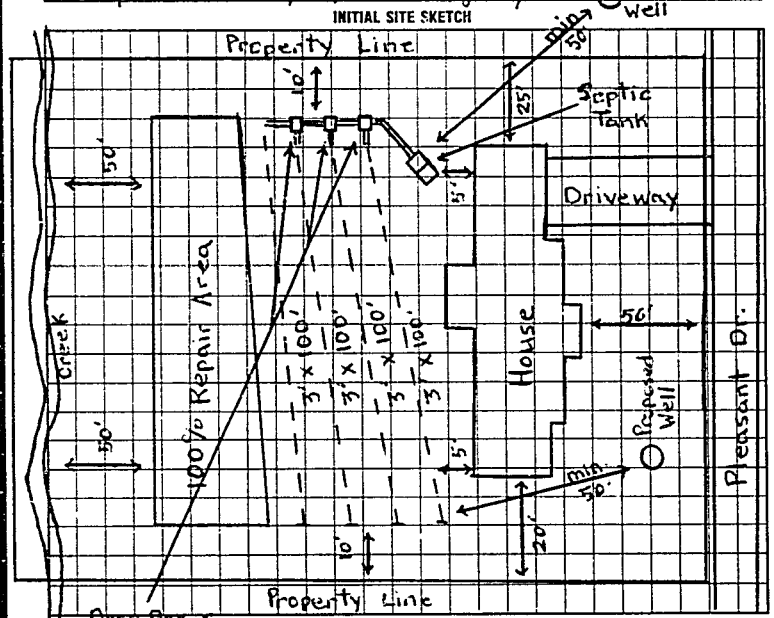
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system min 5' from foundation of home, 10' from all property lines and 50' from any well. 100% Repair Area below system, conventional, gravity fed.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Mark Fowkes

Improvement Permit by: Michael J. Cannon date 8-25-94

Existing System Inspection by: _____ date _____

Installed by: KENNY PEARSON

Certificate of Completion by: STEVE HERRICK date 1/6/95

Operation Permit by: _____ date _____

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

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