IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4724-15-1428 DATE 7/16/03

OWNER OR CONTRACTOR Matt Fowler PHONE: Business — Home (704) 873-5145

ADDRESS 3410 Flint Drive Statesville, N.C. 28677

LOCATION Hwy 70 W, (R) Brady (R) Westmoreland (R) Leftover Drive (R) Flint Drive 3rd or right

SUBDIVISION Wildflower BLOCK / SECTION — LOT 80 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1,000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 100

No Lines 2 Trench Width 36" Max Trench Bottom Depth — Gravel Depth 18"

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

System Description: _____

Repair System Description: Gravity Conv.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other _____

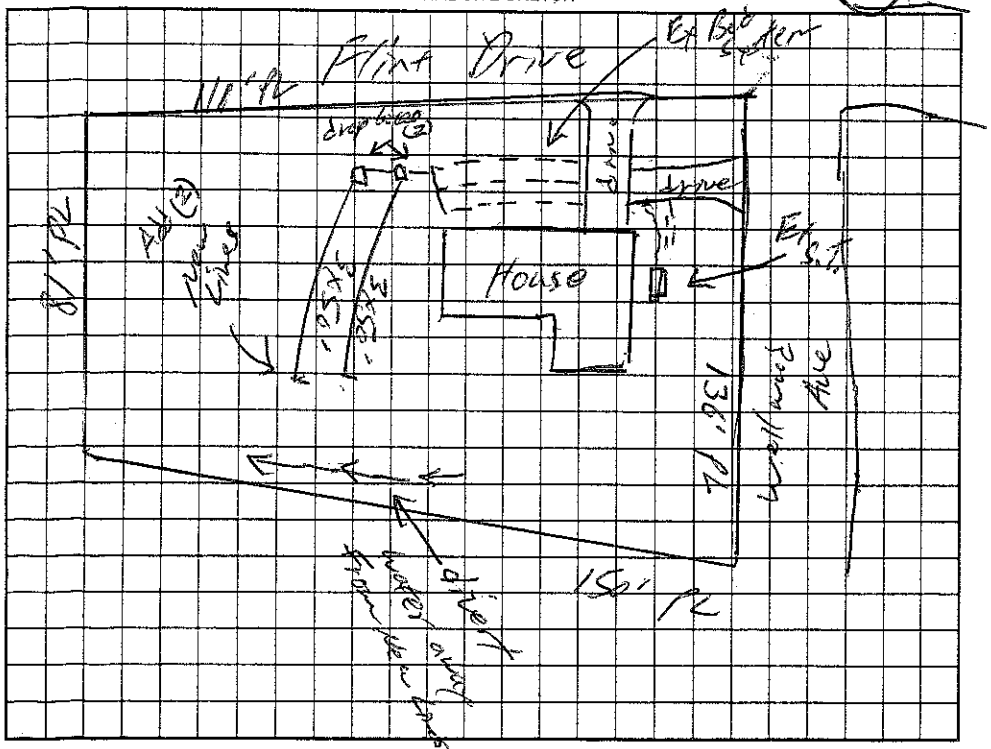
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

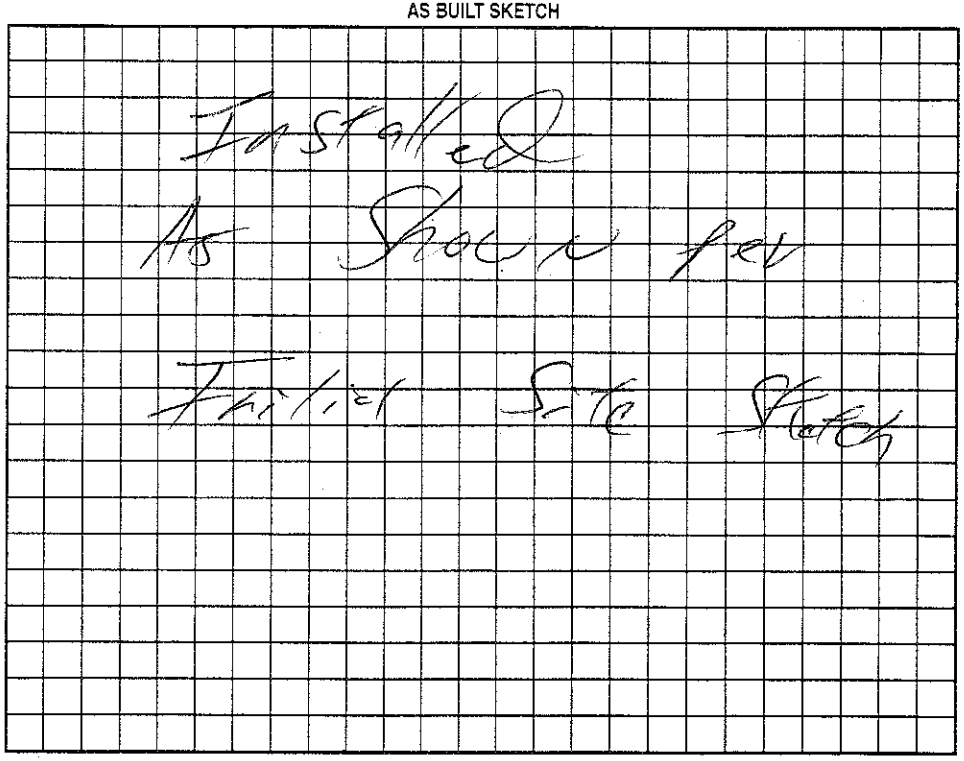
Comments:/Conditions: ① A&I two (2) Soft liner with 18" gravel depth ② divert water off system at back property line ③ maintain proper setbacks ④ this permit serves as Notice of Violation, 30 days to repair system.

Comments:/Conditions:

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 7-16-03

Improvement Permit by: William O. Johnson date 7/16/03

Authorization to Construct by: William O. Johnson date 7/16/03

Installed by: Foster Floor

Operation Permit by: William O. Johnson date 8/14-03

Existing System Inspection by: _____ date _____

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