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# 4941-32-0898 DATE 2/25/02

OWNER OR CONTRACTOR Robert K. Fesperman PHONE: ~~Business~~ cell (704) 562-3660 Home (704) 528-9421

ADDRESS P.O. Box 208 Barium Springs N.C. 28010

LOCATION 21 South, @ Autumn Leaf, @ Fall Hollow House on Left - 109 Fall Hollow Lane

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA _____ SITE CLASS P5 DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 730 Linear Feet 195

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity Conventional

Repair System Description: Gravity ~~Conventional~~

Maintenance Agreement Required: ☐ Yes ☐ No 25% Reduction

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

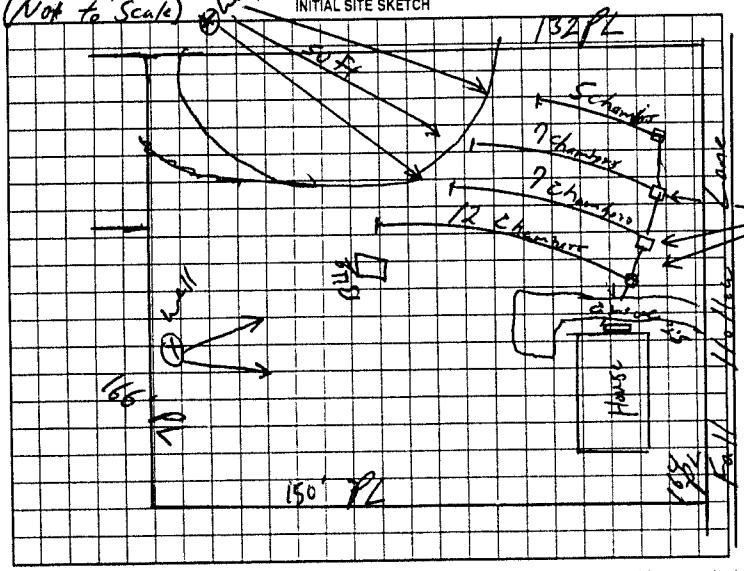
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☒~~ Individual ☐ Public ☐ Community

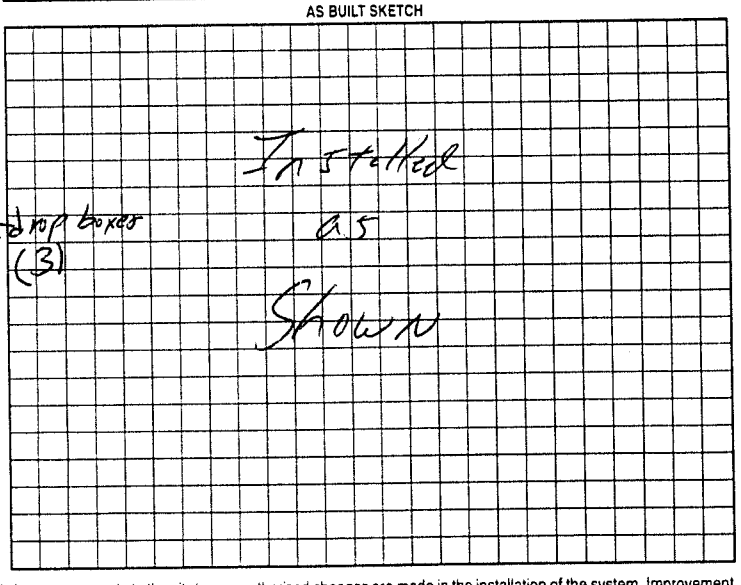
Comments/Conditions: (1) Keep minimum of 50ft from well (2) Install 25% Reduction System. (2) Connect ~~to~~ New Lines to existing System, replace dist. box if necessary (3) This permit ~~Sewer~~ or Notice of Violation.

Comments/Conditions - Installed New tee in tank Installed 190 ft of Ezflow (190 - 10ft Setback)

INITIAL SITE SKETCH (Not to Scale)



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: Robert K. Fesperman date 2/25/02

Improvement Permit by: William O. Johnson date 2/25/02

Authorization to Construct by: William O. Johnson date 2/25/02

Installed by: A-1 Backhoe

Operation Permit by: William O. Johnson date 3/27/02

Existing System Inspection by: _____ date _____

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