___ COUNTY HEALTH DEPARTMENT

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

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

PERMIT# — PIN# 4741334036 DATE Feb 1-2000

OWNER OR CONTRACTOR Ruth + Herbert Fogleman PHONE: Business _____ Home 336 226 8766

ADDRESS 3251 Alamance Rd Burlington NC 27215

LOCATION Hwy 21 South (R) Autumn Leaf 3rd House on Left House # 115

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 75' x 150' SITE CLASS: _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 6x.5Tank Gallons: STB 1100 Date 12-17-99
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250 Ft
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18-20"

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

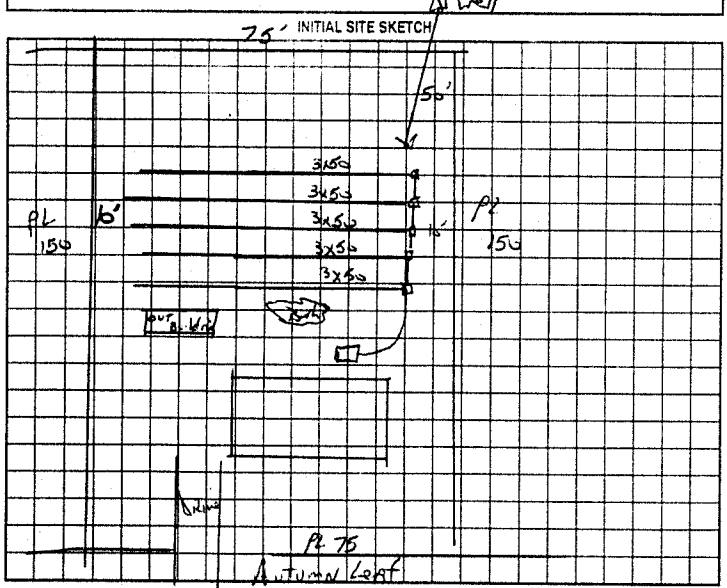
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

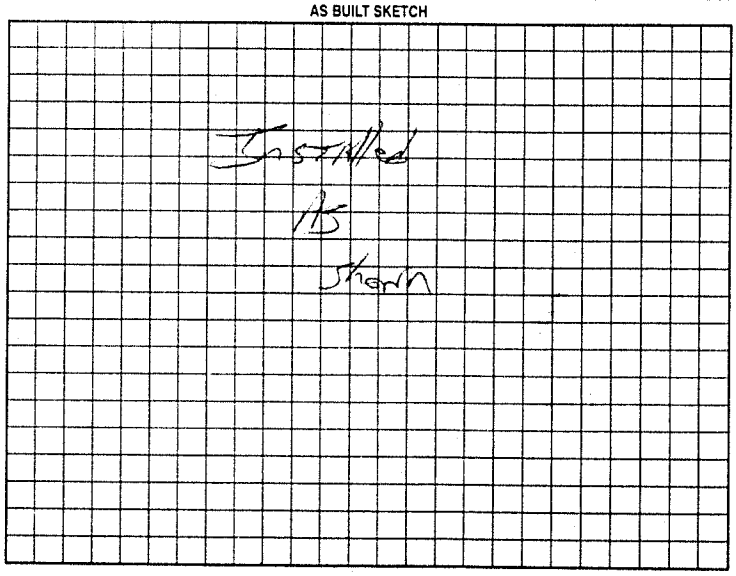
Comments/Conditions: Replace / Repair Tank Lid. Install ~~baffle~~ outlet Tee 5 Drop Boxes

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: Julie L. Nantlais date 2-8-00 Installed by: B Symon Construction

Improvement Permit by: Joe Potter date _____ Operation Permit by: Joe Potter date March 15 2000

Authorization to Construct by: Joe Potter date _____ Existing System Inspection by: _____ date _____

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