CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104877 PIN# 4764-67-5420 DATE 03-26-02

OWNER OR CONTRACTOR William BOWSER PHONE: Business 704-873-0054 Home 1-910-640-3088

ADDRESS 147 DOGWOOD EST CIRCLE STATESVILLE NC 28677

LOCATION BELL FARM, ① DOGWOOD CIRCLE, #7 ON LEFT

SUBDIVISION DOGWOOD ESTATES BLOCK / SECTION ____ LOT 7 LOT AREA ____ SITE CLASS: ____ 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 ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: GRAVEL BED

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

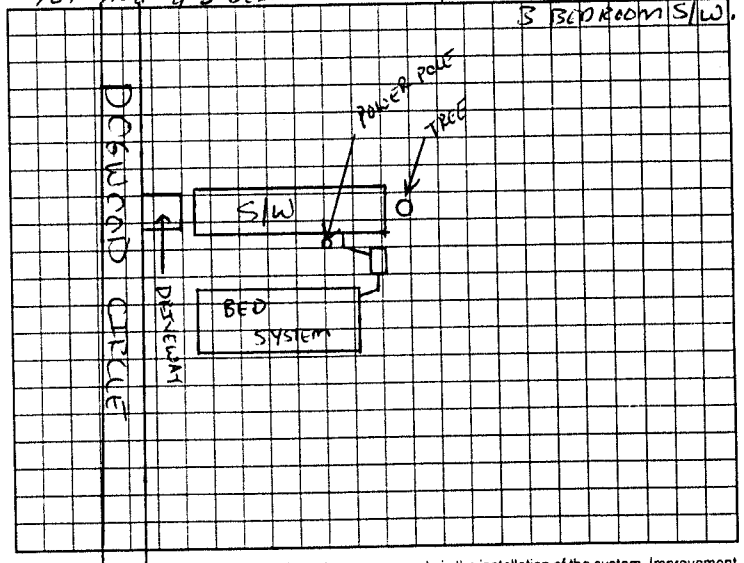
Water Supply: ☐ Individual ☐ Public X Community

Comments:/Conditions:

Comments:/Conditions: ① NO SIGNS OF FAILURE AT TIME OF CHECK ② MAINTAIN SETBACKS ③ WALKED PAST & TWO FAILURES FIXED TO ISSUE THIS PERMIT. ④ NO OLD PERMIT FOUND. Application is signed that prior, the lot had a 3 BEDROOM S/W on IT & NOW REPLACED.

INITIAL SITE SKETCH

BUILT SKETCH S/W 3 BEDROOM S/W.



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: Filiberto J Martinez date 3:26:02

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Jim Cook RS date 03-26-02

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