IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128456 PIN# 3774863732 DATE 7-28-05

OWNER OR CONTRACTOR Steven W. Foster PHONE: Business 704-338-4624 Home 704-873-6520

ADDRESS 195 Log Cabin RD Statesville NC 28677

LOCATION I-40 - Sharon School RD (R) Stewart Rock (L) Fallbright (R) Cardinal Pt (R) property on left

SUBDIVISION Riverwalk BLOCK / SECTION B LOT #19 LOT AREA 2.83 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 9-5-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 420 Linear Feet 300

No Lines 3 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~~ 25%

Repair System Description: Gravity 25%

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

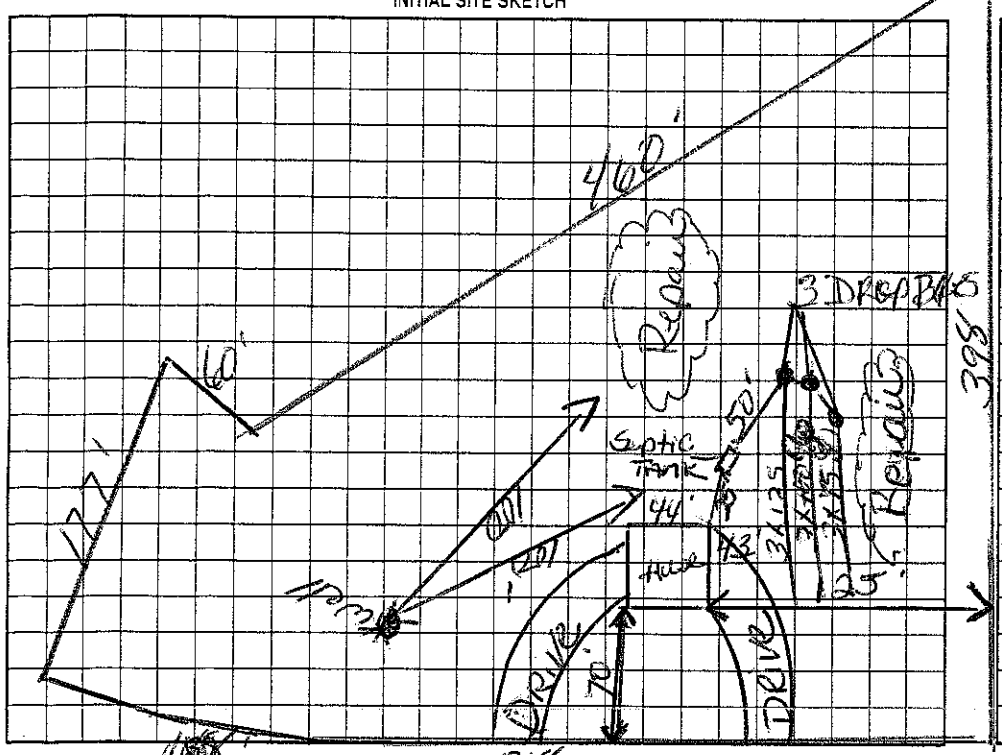
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 25% Reduction - (1"=100' scale) Install on contour - 36" Max Trench - Maintain 100' from well to Repair and Septic System

Comments:/Conditions: Yellow Tuff Tite Septic tank marker

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: Steve W Foster date 8/22/05 Installed by: Steve Foster

Improvement Permit by: Kelly Cox date 7-28-05 Operation Permit by: Kelly Cox date 9-17-06

Authorization to Construct by: Kelly Cox date 7-28-05 Existing System Inspection by: _____ date _____

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