IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124337 PIN# 3784070449 DATE 3-7-06

OWNER OR APPLICANT James & Tamara Fox PHONE: Business 704 871 8198 Home

ADDRESS 227 Fulbright

LOCATION I 40 W (R) on Sharon School, (L) on Stewart Rock, (L) on Fulbright

SUBDIVISION n/a BLOCK / SECTION LOT LOT AREA 72.07 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 620 Date 7-29-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4 Trench Width 3 Max Trench Bottom Depth 36

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Conventional Gravity
Repair System Description: Conventional Gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons No. Employees

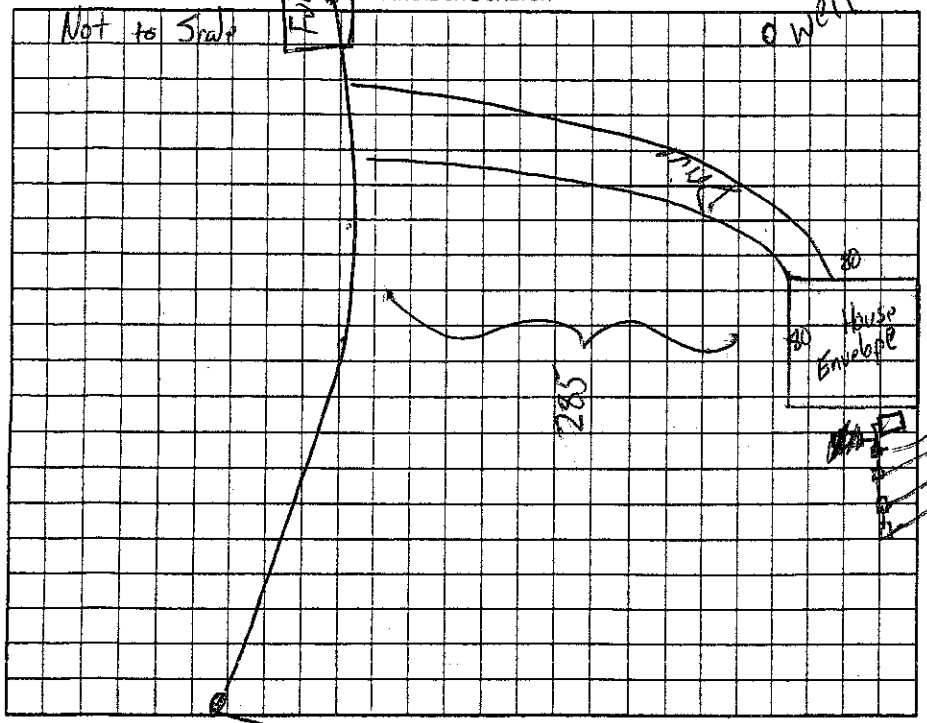
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12 ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
An approved system may also be used

Comments:/Conditions:
SEPTIC TANK WITH MARKER INSTALLED USING RED POLYLOK FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Richard M Ward date

Improvement Permit by: date 3-7-06

Authorization to Construct by: date 3-7-06

Installed by: SAMMY REAVIS

Operation Permit by: STEVE HENDRICK date 6-1-06

Existing System Inspection by: date

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