(1:30)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075429 PIN# ~~4636307807~~ (pt) 4636439542 DATE Oct. 7, 98

OWNER OR CONTRACTOR Michael Fox and Assoc. PHONE: Business _____ Home _____

ADDRESS 8537 S. Tryon St. Charlotte

LOCATION Barnhardt Sch Rd. TL Stutts Rd TR Turbyfill Rd. on left

SUBDIVISION Stutts Cove BLOCK / SECTION _____ LOT 40 LOT AREA .72Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 12/04/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional Stone
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

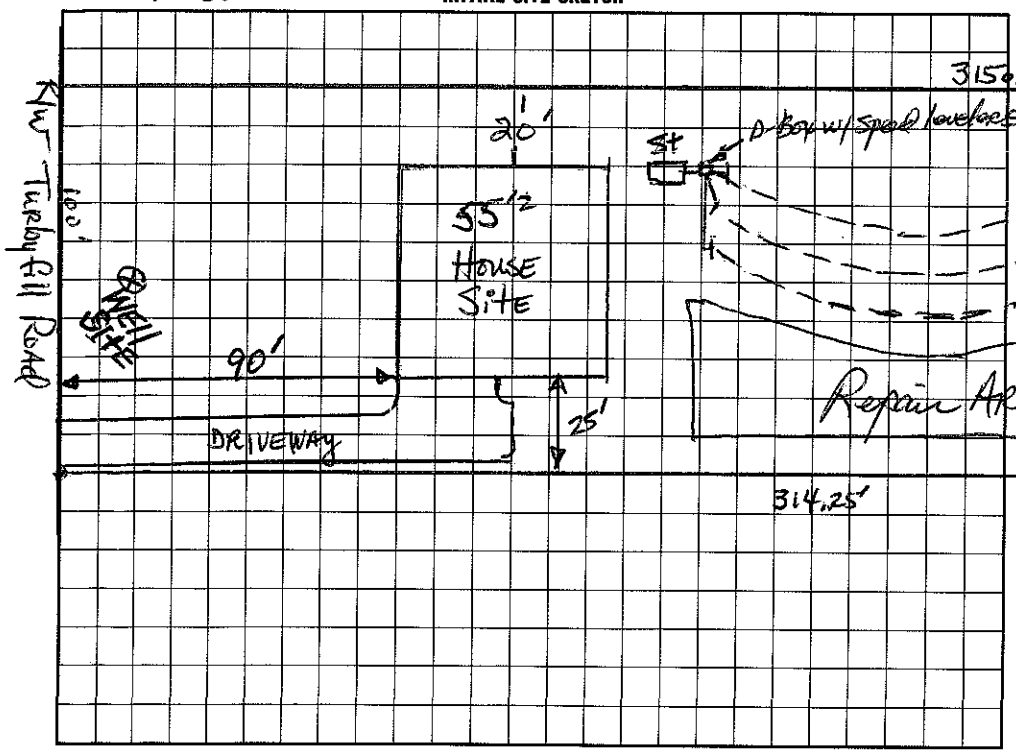
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove old burns, terraces

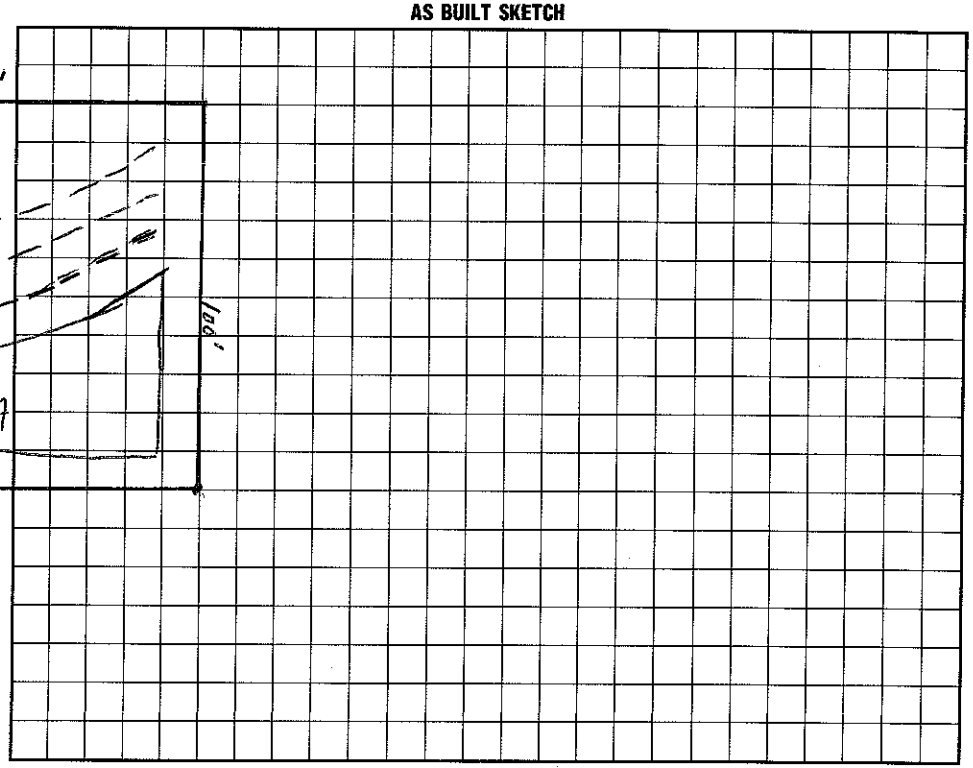
Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: _____ date 10-9-98 Installed by: GERALD ABERNATHY

Improvement Permit by: _____ date 10-7-98 Operation Permit by: _____ date 3/12/98

Authorization to Construct by: _____ date 10-7-98 Existing System Inspection by: _____ date _____

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