IREDELL COUNTY HEALTH DEPARTMENT

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

3:00

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

PERMIT# 075385/118592 PIN# 4636307807 PT

OWNER OR CONTRACTOR Mike Fox & Assoc / SCOTT WARD. DATE 1-30-99

ADDRESS 8537 S Tryon St Charlotte NC 28273 PHONE: Business 588-3763 Home

LOCATION Brawley School Rd TL Stutts TR Old Pine Dr on left at Ogden

SUBDIVISION Stutts Cove BLOCK / SECTION LOT 19 LOT AREA .94 Acre SITE CLASS. PS DESIGN FLOW 900 G.L.T.A.R .3

Septic Tank: 1000 Gallons; STB 1001 Date 8-17-04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravelless - 25% Reduction

Repair System Description: Modified

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees

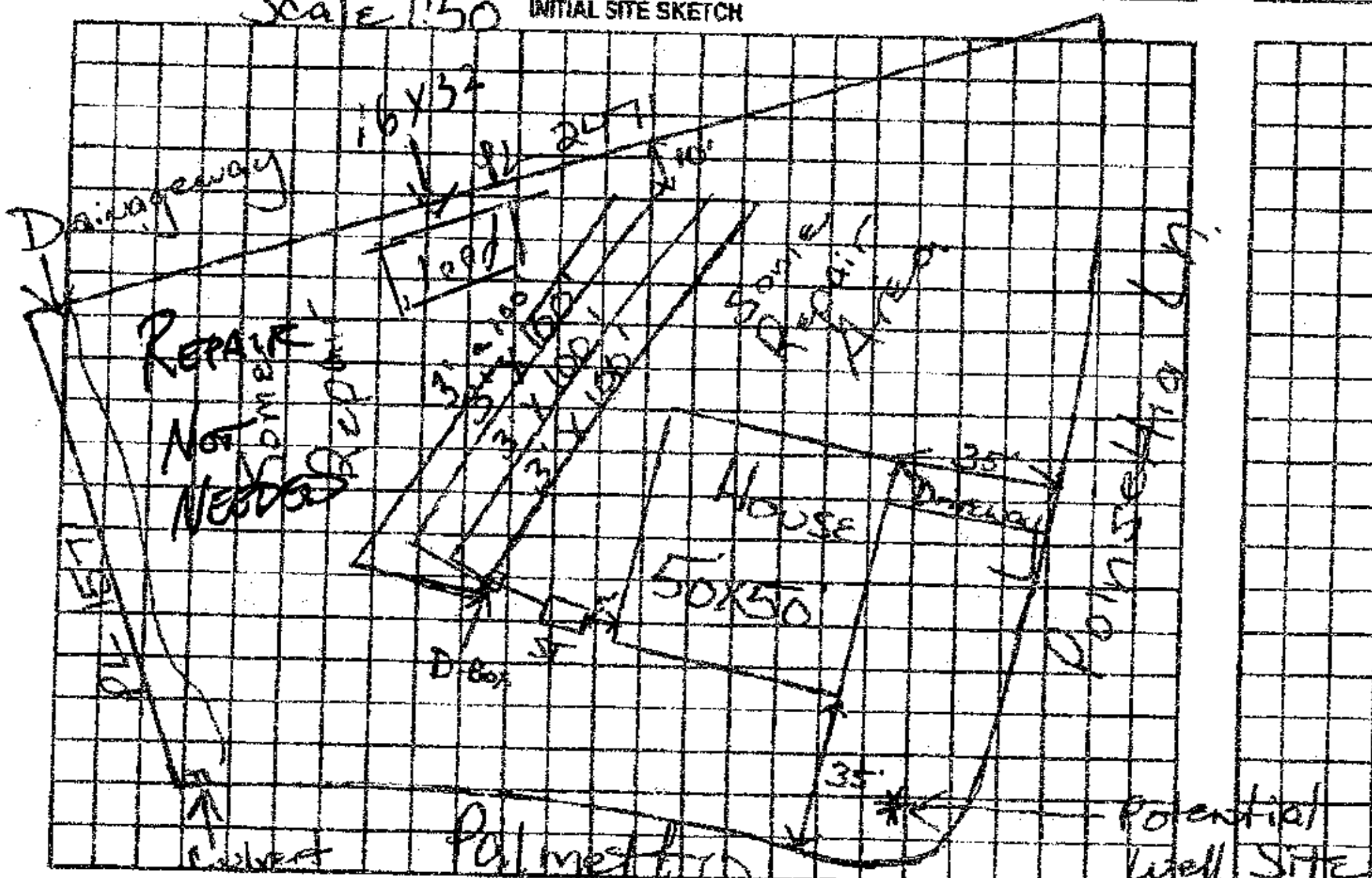
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: A 25% Reduction in Drainfield Area. Keep Septic System 10' from PL 5' from House & at least 50' from Well. Feather off old farm beams

Comments:/Conditions:

Scale 1:50 INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Essentially as Drawn, used Infiltrator for Drainfield. Used "Drop boxes"

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: L. [signature] Ogden date 3-29-99 Installed by: Iredell Backhoe

Improvement Permit by: [signature] R.S. date 1/30/99 Operation Permit by: [signature] R.S. date 10/11/04

Authorization to Construct by: [signature] R.S. date 12/12/03 Existing System Inspection by: date

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

AUG-18-2010 12:44 FROM: TO:7046637665 P.2