(4.00)

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075430 PIN# ~~4636307807~~ 4636530553 DATE Oct. 7, '98

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

ADDRESS 8537 S. Tryon St. Charlotte

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

SUBDIVISION ~~Stutts~~ Cove BLOCK / SECTION _____ LOT 41 LOT AREA .83 Ac SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10' x Date _____

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" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ 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

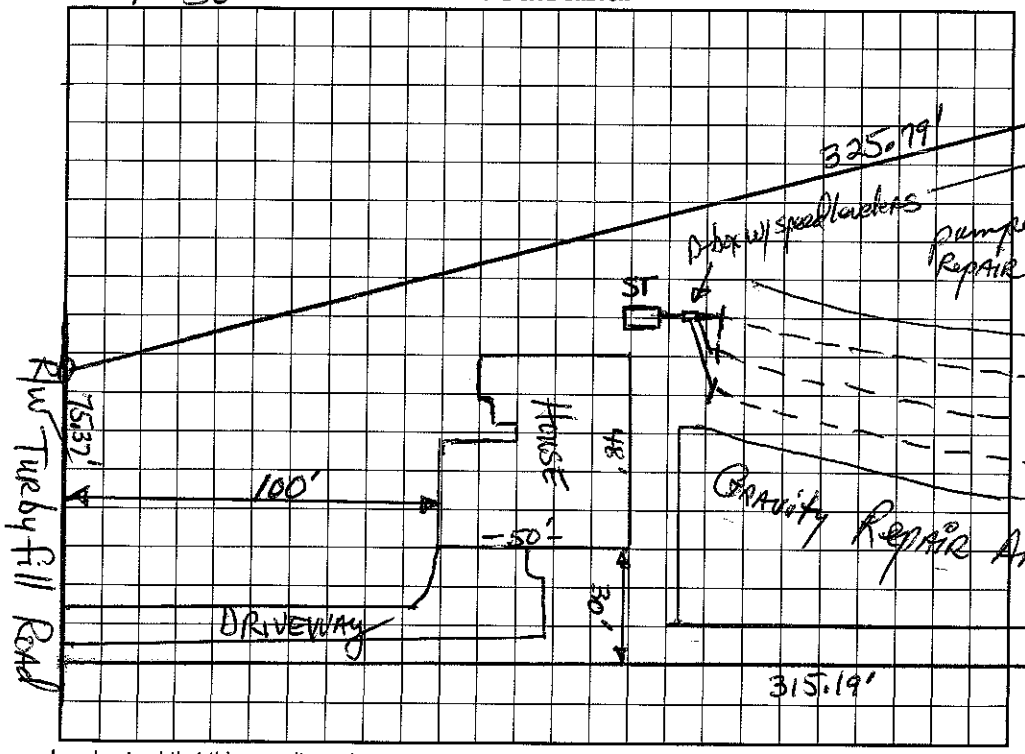
Comments:/Conditions:

Remove old burns, terraces.

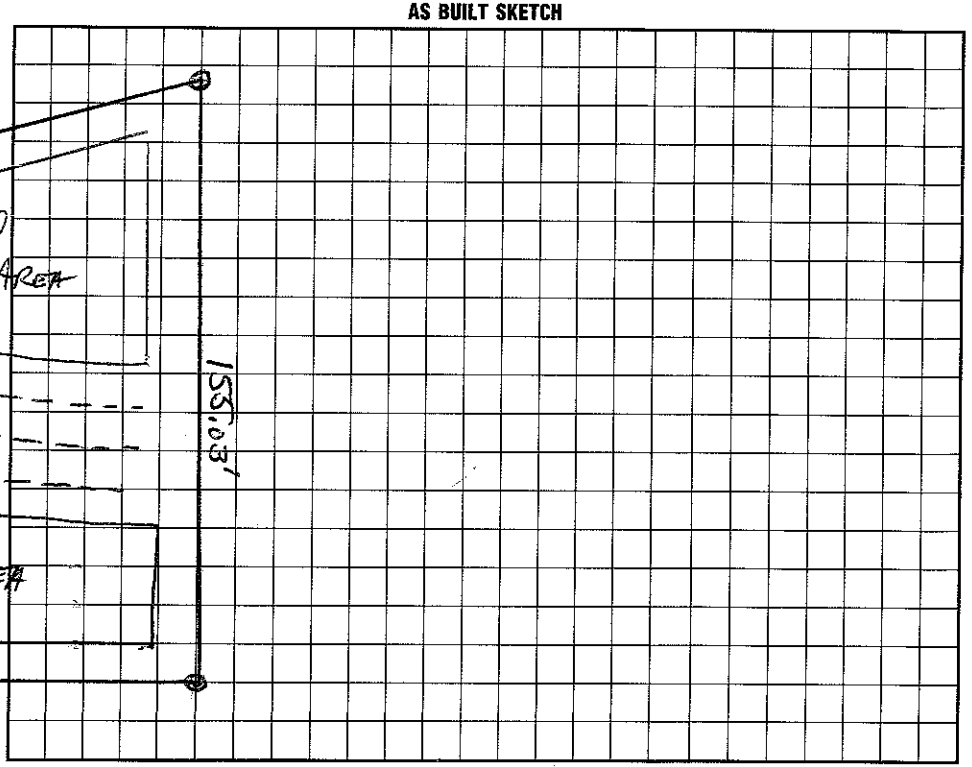
Comments:/Conditions:

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: L. Shawn Coder date 10-9-98

Improvement Permit by: Marvel Hamm, RS date 10-7-98

Authorization to Construct by: Marvel Hamm, RS date 10-7-98

Installed by: RICHARD ABERNATHY

Operation Permit by: C. Bryant RS date 2/18/99

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