(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# 075434 PIN# ~~4636307807~~ 4636532594 DATE Oct 16, '98

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

ADDRESS 8537 S. Tryon Charlotte

LOCATION Brawley Sch Rd. TL Stutts Rd. on Right past jct w/ Tuckyhill Road

SUBDIVISION Stutts Cove BLOCK / SECTION _____ LOT 44 LOT AREA .71Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 2/24/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity Conventional

Repair System Description: SAME

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

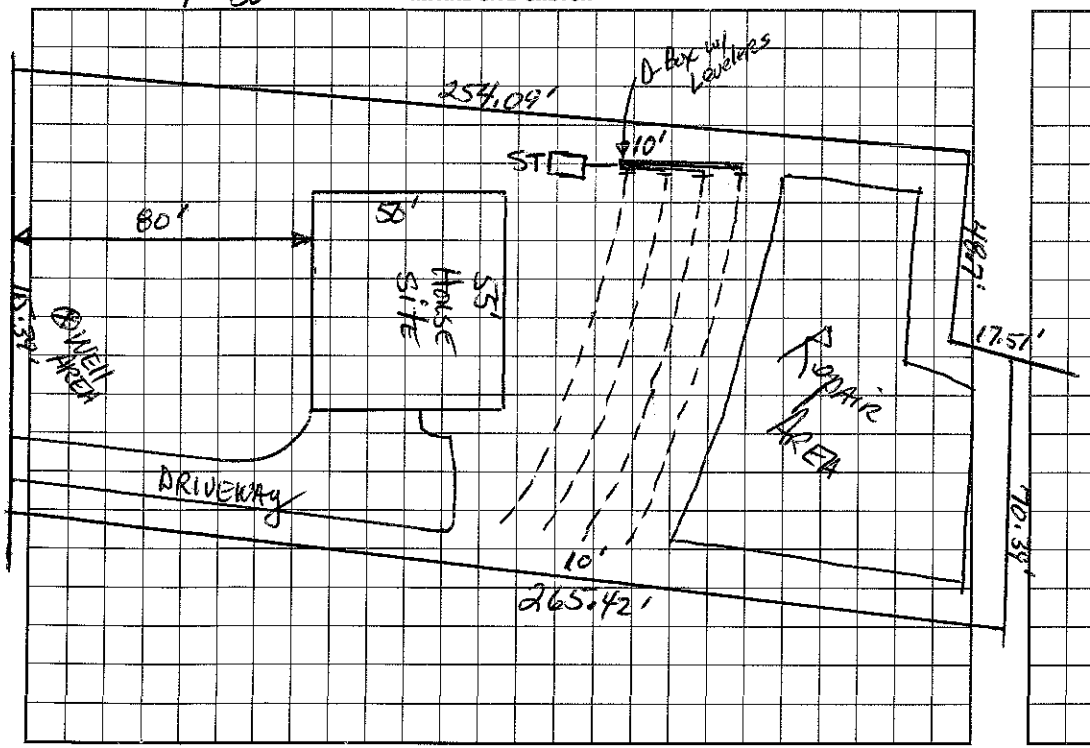
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove any 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 10-16-98 Installed by: RICHARD ABERNATHY

Improvement Permit by: _____, RS date 10-16-98 Operation Permit by: _____, RS date 3/12/99

Authorization to Construct by: _____, RS date 10-16-98 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