IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088023 PIN# 4637445318 DATE 3/17/2000

OWNER OR CONTRACTOR Fox Builders / Bobby Lineberger PHONE: Business 528-3564 Home

ADDRESS 165 Old Mountain Rd Statesville NC 28677

LOCATION Hwy 150 TL Doolie Rd TR Whippoorwill Rd on left past Kingfisher

SUBDIVISION BLOCK / SECTION 10 LOT 18 LOT AREA .68 Acre SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: 1000 Existing Gallons STB Date

Pump Tank: Gallons PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Existing Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: Gravity - Conventional

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

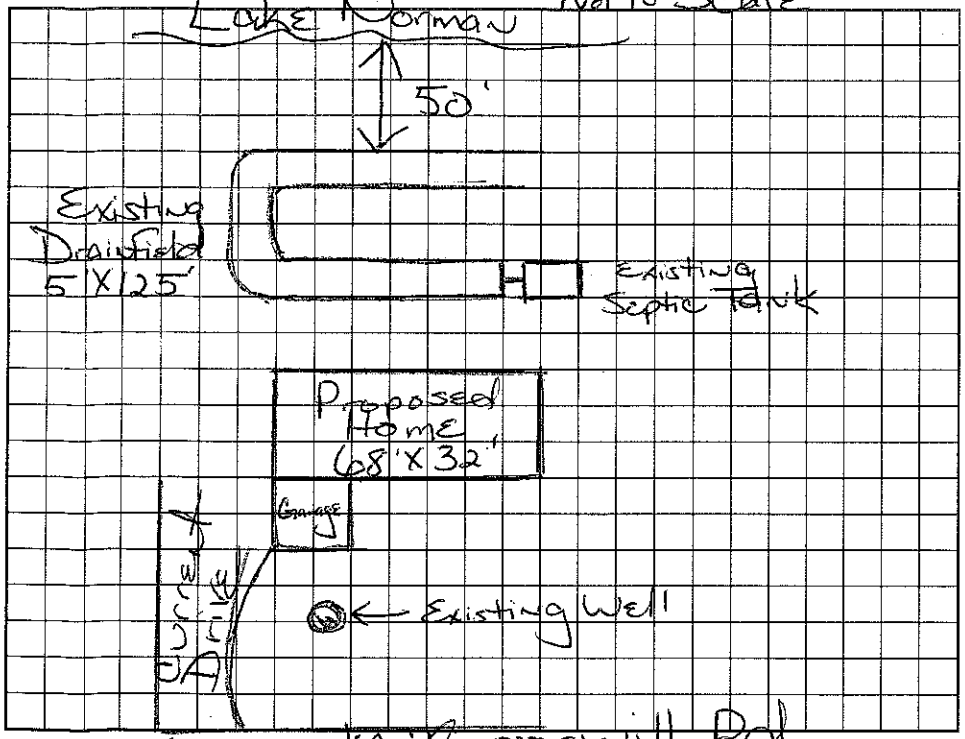
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning Okay at time of inspection, No problems Noticed. Okay for 3 Bedrooms

Comments/Conditions: Septic System installed 1977 Keep New Home at least 5' from Septic System.

INITIAL SITE SKETCH Not to Scale



AS BUILT 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: date Installed by:

Improvement Permit by: Maria H. Dotson RS date 3/17/2000 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: Maria H. Dotson RS date 3/17/2000

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