IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075919 PIN# 4717 75 3433 DATE 3-25-98

OWNER OR CONTRACTOR J. FOSS CONSTRUCTION PHONE: Business 466-6302 Home

ADDRESS 1895 OLD LATER ROAD, NEWTON NC 28658

LOCATION NC 115 N, TL MIDWAY ROAD, TR COVE GAP RD, 5TH LOT ON LEFT

SUBDIVISION MTN. VIEW EST. BLOCK / SECTION LOT 21 LOT AREA 1.22 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12/09/98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

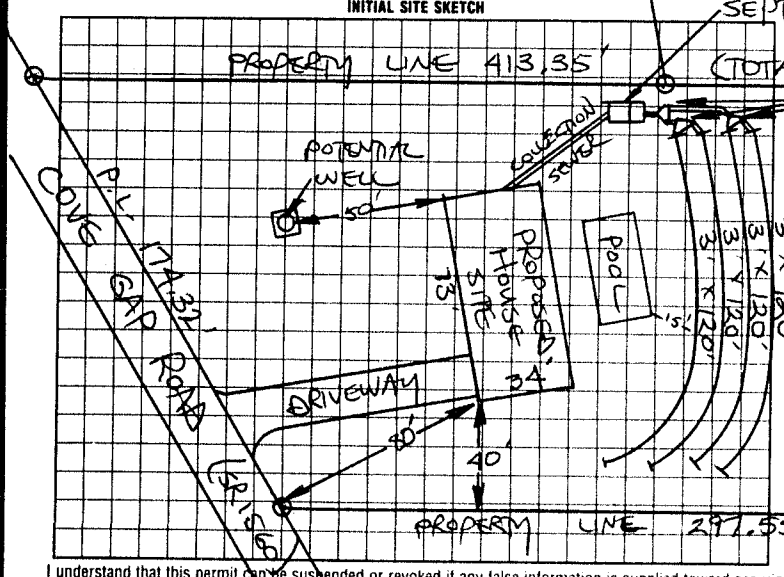
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

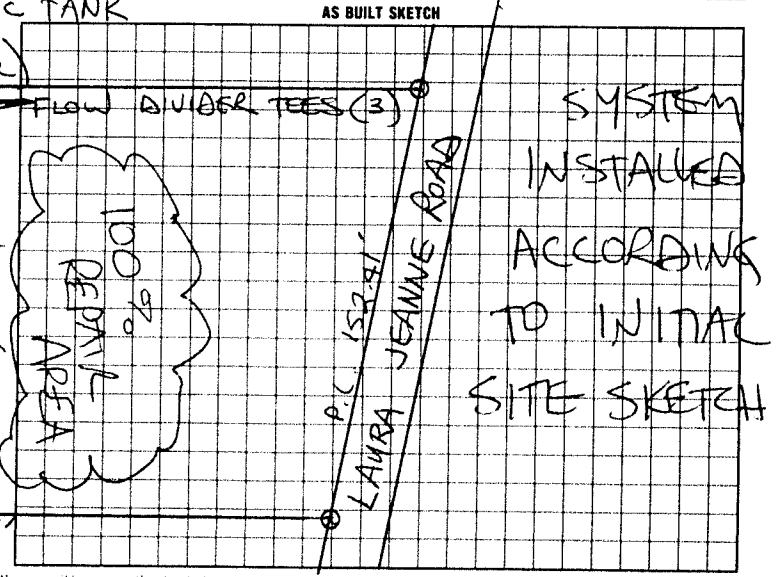
Comments:/Conditions: USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 120' LINES (2) KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:/Conditions:

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 8.25.98

Improvement Permit by: STEVE HEDRICK date 8-25-98

Authorization to Construct by: STEVE HEDRICK date 8-25-98

Installed by: JAMES HUDLER

Operation Permit by: STEVE HEDRICK date 2-15-99

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