IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4725 26 9828 Don Barnette DATE 9/28/01

OWNER OR CONTRACTOR Linda Fox PHONE: Business 704-878-3524 Home (704) 872-0071 / (704) 880-3281-cell

ADDRESS 110 Fox Trail Road Statesville N.C 28625

LOCATION N.C. 90 West, (2) on Grayson Park Rd, Turn Right on Family Circle on (2) #15B

SUBDIVISION Grayson MHP BLOCK / SECTION — LOT 15B LOT AREA .46 Ac. SITE CLASS V DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 8-5-01 Date 10/2

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1300 Linear Feet 300'

No Lines 5@60 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

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

System Description: ____

Repair System Description: Gravity, 25% Red.

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

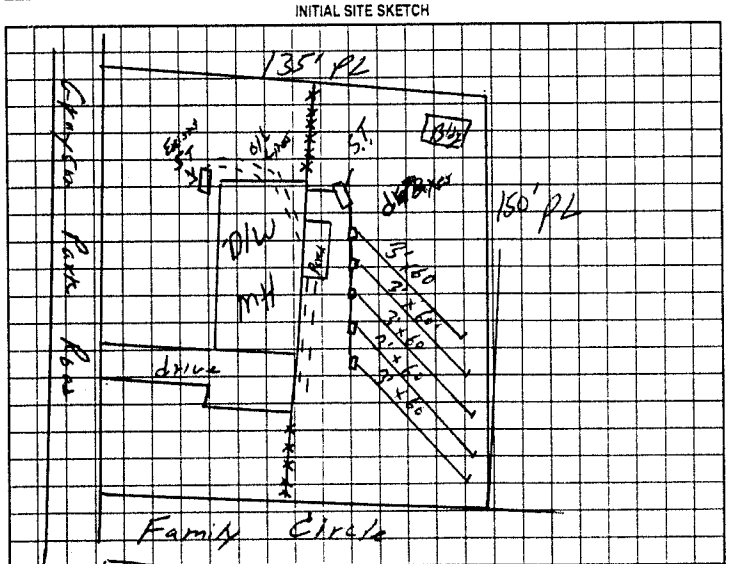
Water Supply: ☐ Individual ☒ Public ☐ Community

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

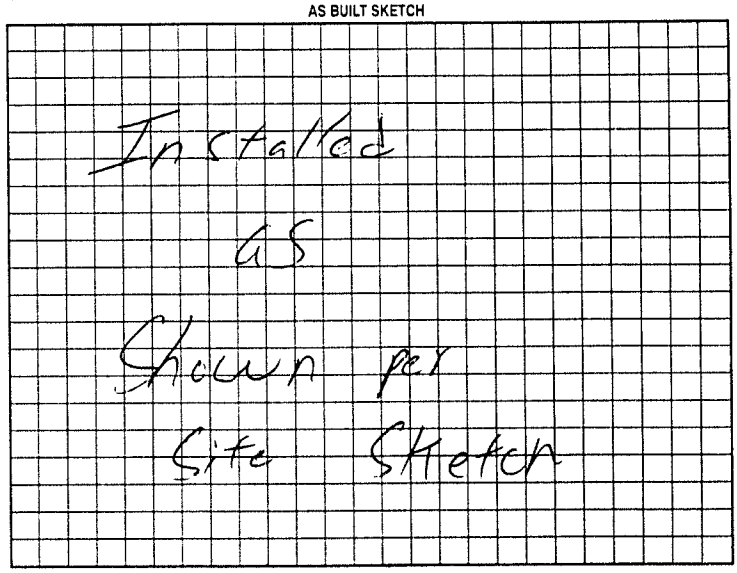
Comments/Conditions: ① Pump out 61b Tank, then crush & fill. ② set new Septic Tank with 300ft lines of 25% Reduction either Chambers or HDES Sections. ③ Maintain required setbacks

Comments/Conditions: - Septic Tank Risers
- Poly Lok Filter Installed
- Infiltrator Chambers (5c) Installed

INITIAL SITE SKETCH



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: Don Barnette date 9-20-01 Installed by: David Yountz

Improvement Permit by: William O. Johnson date 9/20/01 Operation Permit by: William O. Johnson date 10/24/01

Authorization to Construct by: William O. Johnson date 9/20/01 Existing System Inspection by: ____ date ____

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