IREDELL COUNTY HEALTH DEPARTMENT

10 A

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

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

PERMIT# Repair PIN# 4725366900

OWNER OR CONTRACTOR Linda Fox PHONE: Business (704) 873-3524 (Don Barnette) Home (704) 872-0071, (704) 880-3288 - Cell

DATE 7/24/01

ADDRESS 110 Fox Trail Rd Statesville, NC. 28625

LOCATION NC 90 West, (R) on Grayson Park Rd, Turn Right on Family Circle to 151 Family Circle

SUBDIVISION Grayson Park MHP BLOCK / SECTION — LOT 10A LOT AREA _____ SITE CLASS. V5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existing/000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 34"x765 Linear Feet 120

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: _____

Repair System Description: County; 25% Reduction

Maintenance Agreement Required: ☐ Yes X No

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

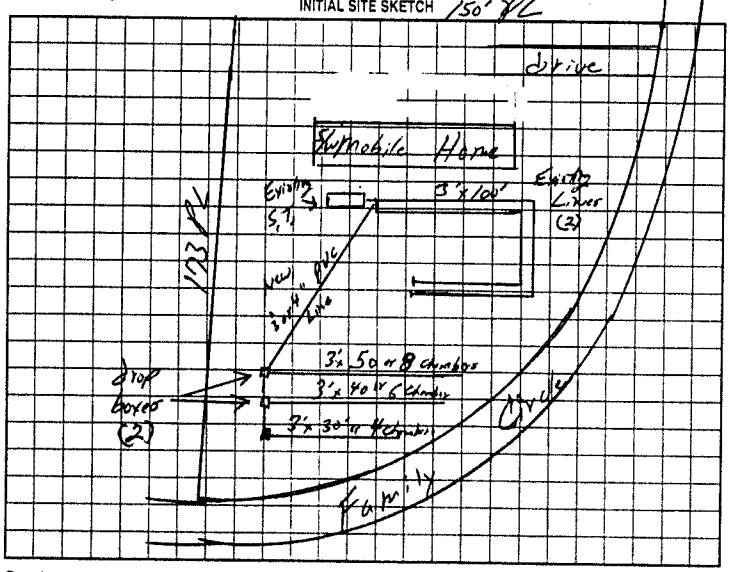
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) Replace distribution box if necessary (2) Install 25% reduction system using 18 chamber or 12-10ft HOES Section 5 (3) Replace Sanitary Tee if Necessary.

INITIAL SITE SKETCH 150' RL



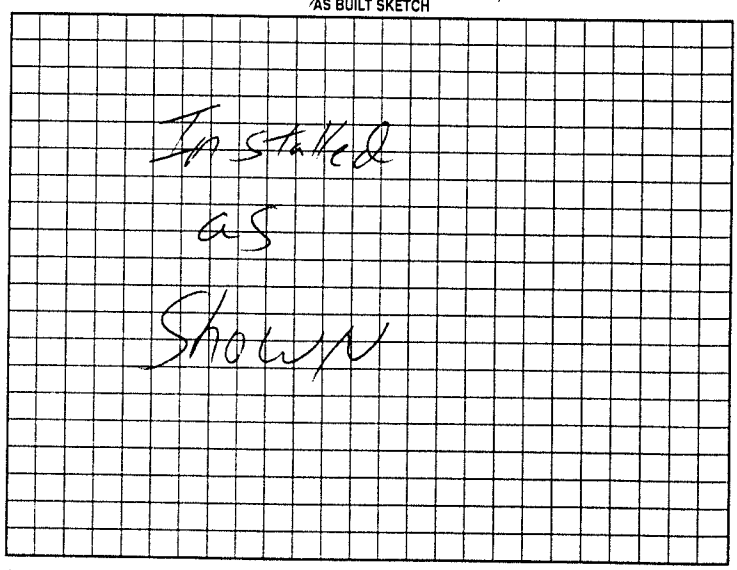
Comments/Conditions: (18)

-18 Infiltrator Chambers Installed

-d-box Okay

- Sanitary Tee Okay at this time

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

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

Authorization to Construct by: William O. Johnson date 9/24/01

Installed by: Davie County

Operation Permit by: William O. Johnson date 10-23-01

Existing System Inspection by: _____ date _____

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