9:50

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) MOORESVILLE 704-664-5281

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

PERMIT# 105454 PIN# 4727-81-2497 Lisa 704-876-4967 DATE 5-4-02

OWNER OR CONTRACTOR ~~FOY WHITE PARTNERSHIP~~ Custom Homes, by Lisa Work Phone ~~704-872-0072~~ Home ~~704-585-2158~~

ADDRESS ~~P.O. Box 5071~~ ~~STATESVILLE NC 28687~~ 194 Cross Country Rd.

LOCATION NC 115 N, TR RED CHIMNEY RD, TR FOY LANE, 9th LOT ON RIGHT

SUBDIVISION NORTH CROSSING BLOCK / SECTION II LOT 27 LOT AREA 0.433 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12-17-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~EQ. to~~ 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

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

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW ~~PRESSURE~~

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

☐ ~~House~~/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

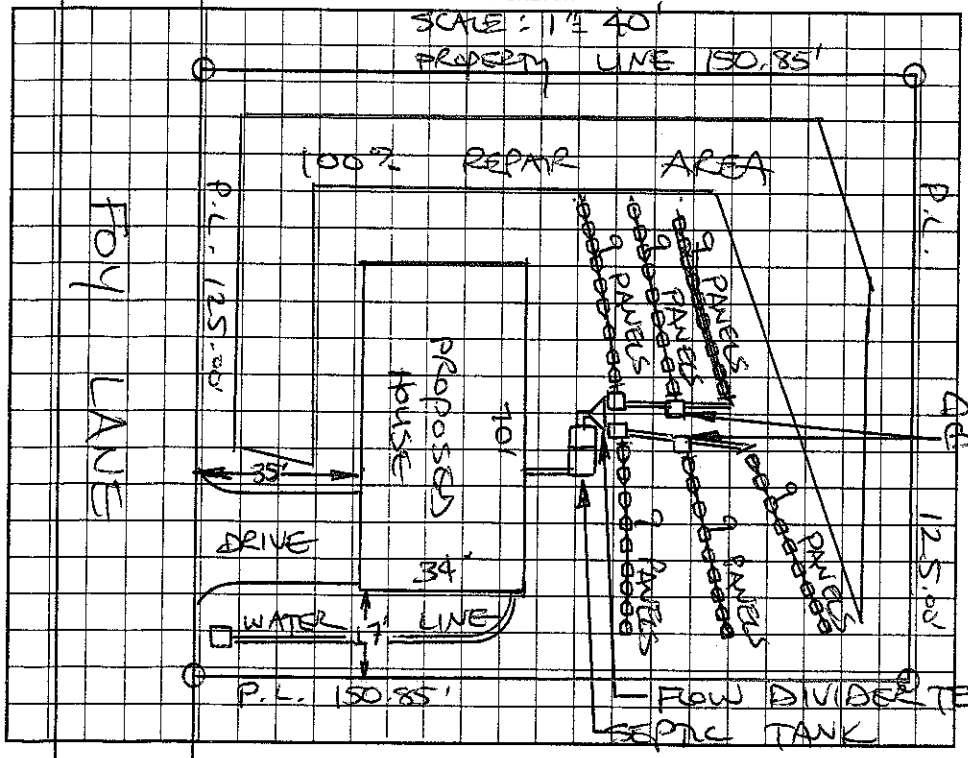
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ ~~Public~~ ☐ Community

Comments:/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 54 PPBPS PANELS IN SIX EQUAL LENGTH LINES AS SHOWN. ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DROP BOXES.

Comments:/Conditions:

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: _____ date 5/6/02 Installed by: Madison Grading

Improvement Permit by: STEVE HEDRICK date 5-4-02 Operation Permit by: _____ date 3-13-07

Authorization to Construct by: STEVE HEDRICK date 5-4-02 Existing System Inspection by: _____ date _____

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