IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105443 PIN# 4727-81-2569 DATE 5-4-02

OWNER OR CONTRACTOR FOY-WHITE PARTNERSHIP PHONE: Business 704-872-0072 Home 704-924-4916 (P)

ADDRESS P.O. BOX 5671, STATESVILLE, NC 28687

LOCATION NC 115 N, TR RED CHIMNEY RD, TR FOY LANE, 8TH LOT ON RIGHT

SUBDIVISION NORTH CROSSING BLOCK / SECTION II LOT 28 LOT AREA 0.433 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 4-8-04
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, ③, IV, V, VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☒ ~~No~~

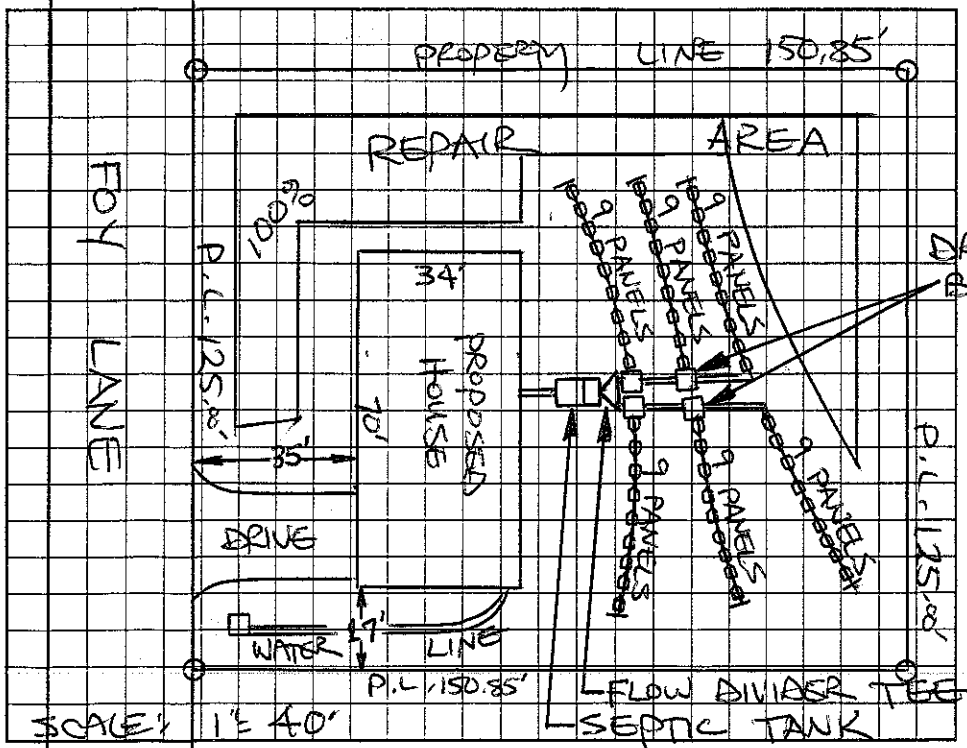
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: ① ZABEL FILTER ② 6" RISER ON TANK ③ SPACE INVADER 1 FOAM AS SEAL

INITIAL SITE SKETCH



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN

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: [signature] date 5/6 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 5-4-02 Operation Permit by: [signature] date 1-12-05

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