IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105442 PIN# 4727-81-2731 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, 7TH LOT ON RIGHT

SUBDIVISION NORTH CROSSING BLOCK / SECTION II LOT 29 LOT AREA 0.433 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 704 Date 9-
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 Other ____

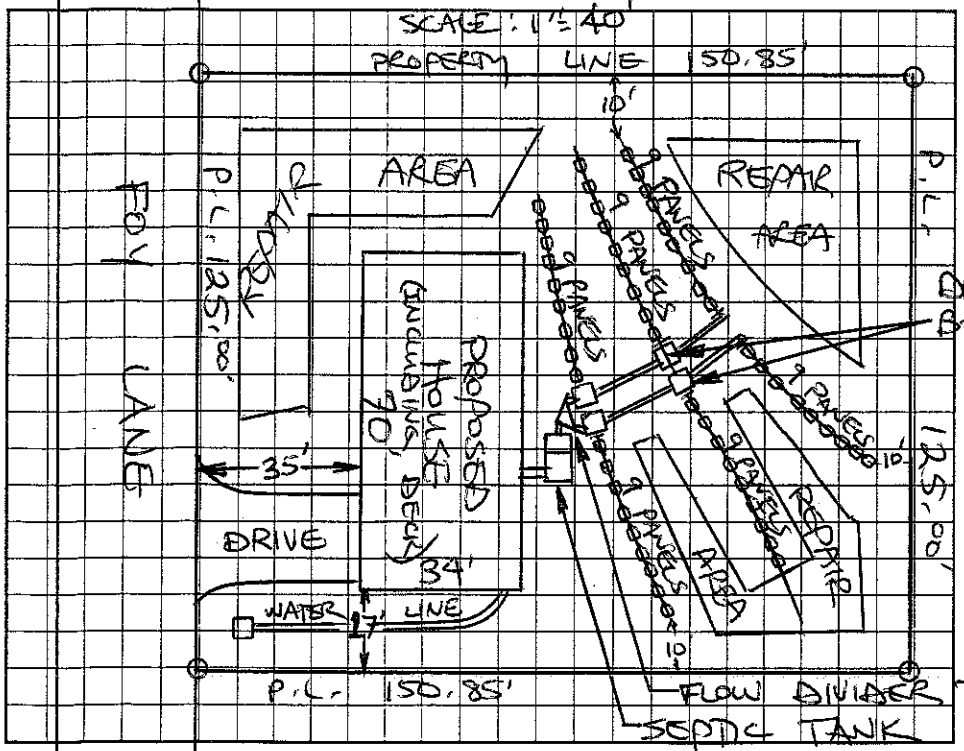
☑ House/Mod. Home ☐ Mobile Home ☐ Business
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: SCOUR TRENCH SIDEWALLS AND APPLY A LIGHT DUSTING OF LIME PRIOR TO SAND BACKFILL

INITIAL SITE SKETCH



AS BUILT SKETCH

Red filter
no risers
no ST markers

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 5/6/02 Installed by: Kenny Madison

Improvement Permit by: STEVE HENDRICK date 5-4-02 Operation Permit by: James Dees date 10/26/06

Authorization to Construct by: STEVE HENDRICK date 5-4-02 Existing System Inspection by: ____ date ____

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