IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105534 PIN# 4727-81-4691 DATE Oct 2, 02

OWNER OR CONTRACTOR Fay White Partnership PHONE: Business _____ Home _____

ADDRESS P.O. Box 5671 Statesville N.C. 28687

LOCATION 115 N TR Red Chimney TR Fay on left

SUBDIVISION North Crossing BLOCK / SECTION II LOT 12 LOT AREA .45 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1007 Date 7-7-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200
No Lines 2+2 Trench Width 24" max 8cc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity PPBPS (50% Reduction)
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

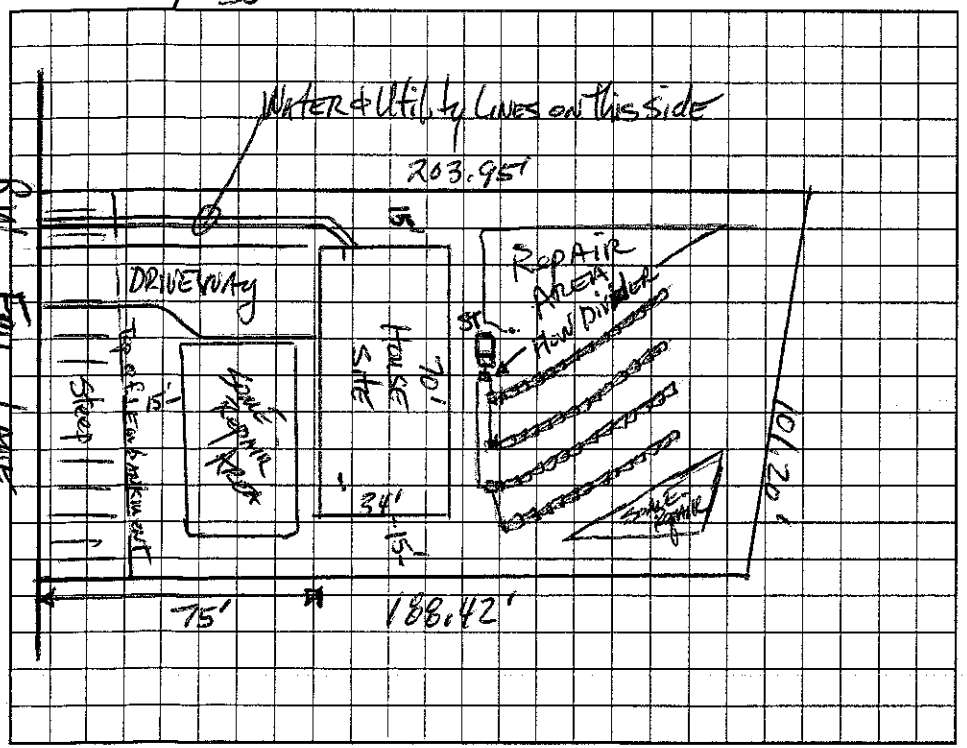
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

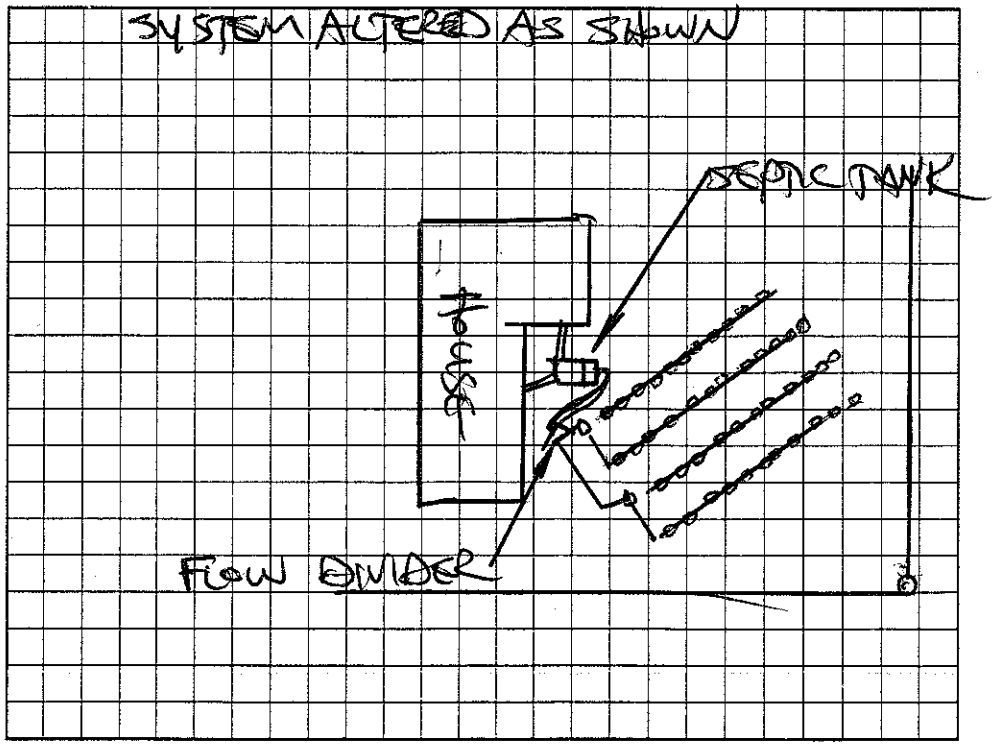
Comments:/Conditions: OR 36" MAX 9"OC
From Septic Tank, use a Flow Divider to 2 D-Boxes with Levelers.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "SAFE" FILTER

1"=50' 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 11/7/02 Installed by: JAMES HUNTER

Improvement Permit by: _____ date 10-2-02 Operation Permit by: STEVE HENRICK date 9-9-05

Authorization to Construct by: _____ date 9-28-04 Existing System Inspection by: _____ date _____

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