Martin Hendricks THIS PERMIT VOIDS PREVIOUS ISSUED 4-26-01

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2) MOORESVILLE 704-664-5281

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

PERMIT# 095514/127373 PIN# 4727-82-0178.0 704-872-5295 DATE 1-9-02

OWNER OR CONTRACTOR ~~FOY WHITE PARTNERSHIP~~ Marty Hendricks PHONE-Business (704) 872-0072 Home 704-902-0974

ADDRESS ~~P.O. Box 5671 STATESVILLE NC 28687~~

LOCATION NC 115 N TR RED CHIMNEY RD, TR FOY DRIVE, 2ND LOT ON RIGHT

SUBDIVISION NORTH CROSSING BLOCK / SECTION 1 LOT 3 LOT AREA 0.58 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-25-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION GRAVITY ~~pump~~

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

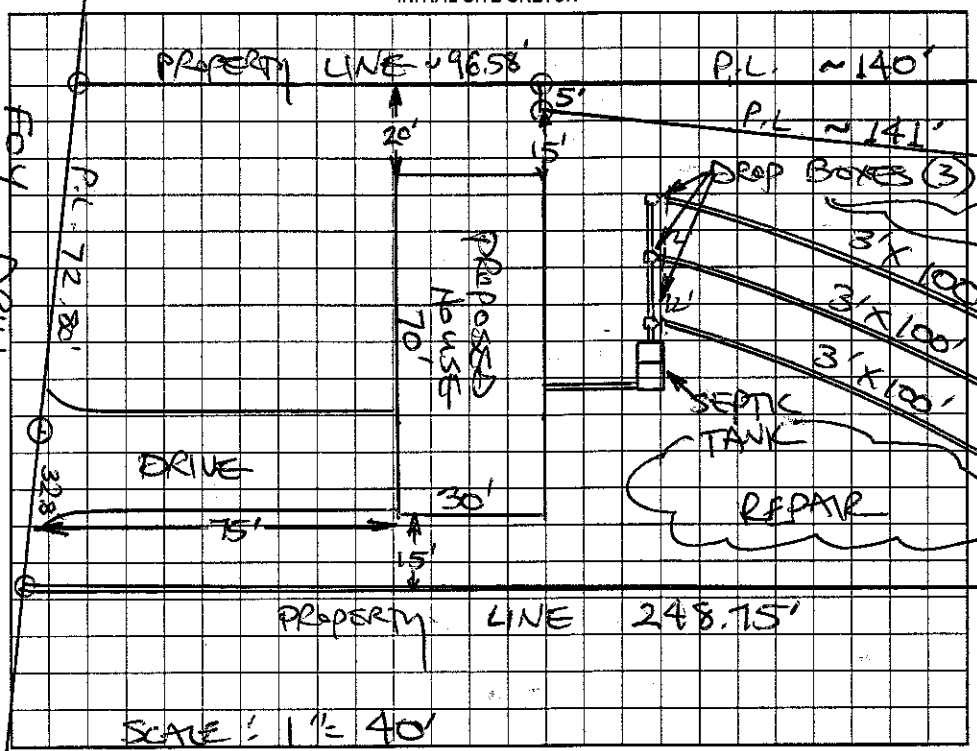
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

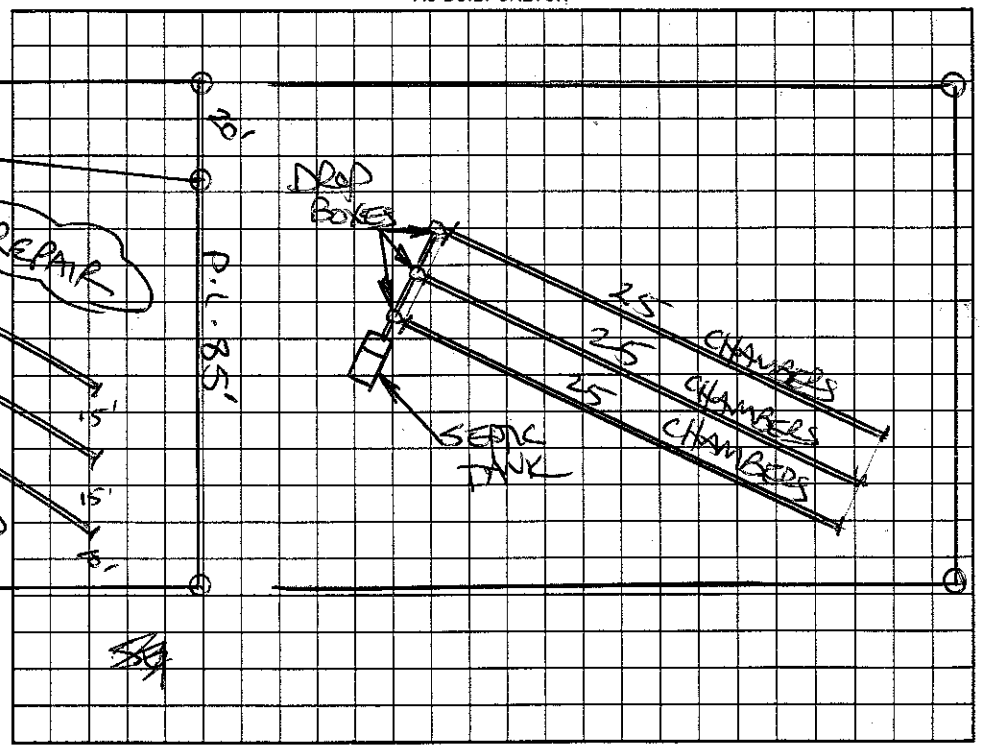
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "THETTE" FILTER SYSTEM INSTALLED AS SHOWN BELOW USING 75 "QUICK-4" CHAMBERS

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: x P.E. Foy date _____

Improvement Permit by: STEVE HEDRICK date 1-9-03

Authorization to Construct by: STEVE HEDRICK date 1-9-02

Installed by: ESKER ELDER

Operation Permit by: STEVE HEDRICK date 10-4-05

Existing System Inspection by: _____ date _____

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