IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095513 PIN# 4727 82 0256 DATE 4/26/01

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

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

LOCATION 115 N. (R) RED CHIMNEY RD. (R) NORTH CROSSING 1st ON (R)

SUBDIVISION NORTH CROSSING BLOCK / SECTION I LOT #4 LOT AREA .67 SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 9-9-01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 345'

No Lines 3 Trench Width 3' Max Trench Bottom Depth 36 Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

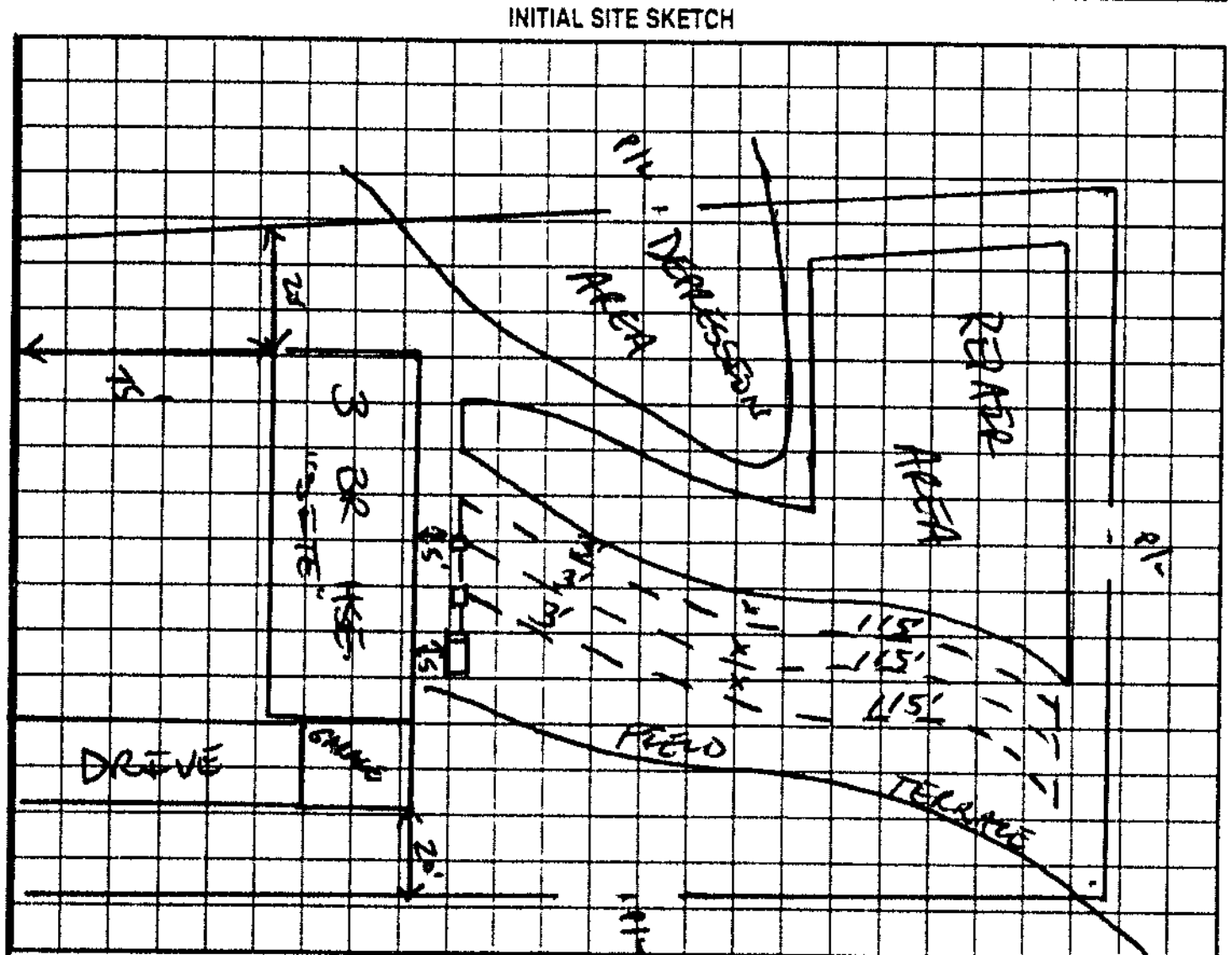
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) INSTALL DRAINLINES UNIFORM AND ON CONTOUR
(2) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS
(3) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS
(4) MAINTAIN SETBACKS

Comments:/Conditions: - Septic Tank Marker Installed
- Poly-lok Filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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: Tom White date Installed by: Tommy Cothren

Improvement Permit by: [signature] date 4/24/01 Operation Permit by: William O. [signature] date 11/9/01

Authorization to Construct by: [signature] date 4/24/01 Existing System Inspection by: date

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