IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080328 PIN# 4727 81 1992 DATE 4-8-99

OWNER OR CONTRACTOR R.E. FOY & SON BUILDERS PHONE: Business Home (828) 635-0205

ADDRESS 410 MEADOWRIDGE DRIVE, TAYLORSVILLE, NC 28681

LOCATION NC 115 N TO RED CHIMNEY ROAD, TR NORTH CROSSING, 3RD LOT ON LEFT

SUBDIVISION NORTH CROSSING BLOCK / SECTION ____ LOT 6 LOT AREA 0.691 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 7-21-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 60 to 1080 Linear Feet 2707
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V
System Description: 25% REDUCTION GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth SAND 6" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

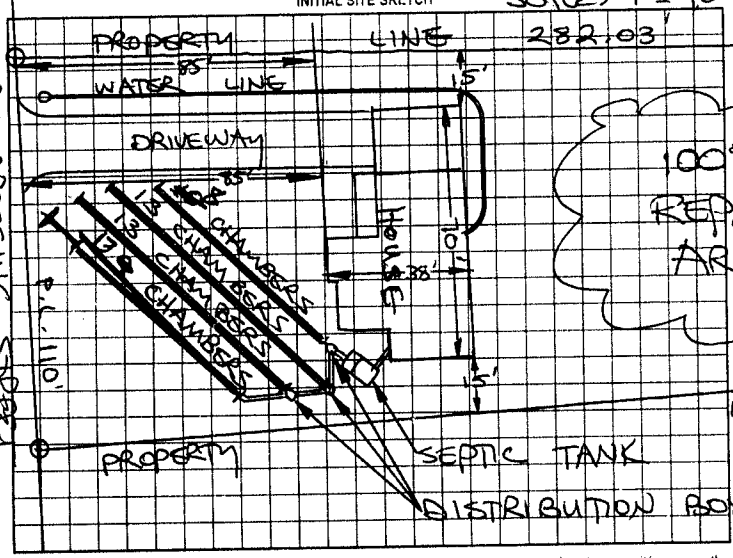
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☐ Public ☐ Community

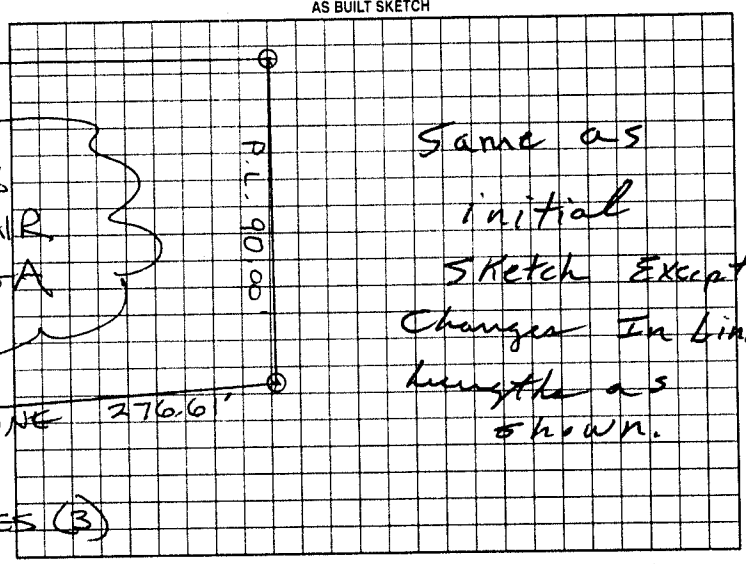
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING FORTY-FIVE (45) CHAMBERS OR THIRTY-SIX (36) H.D.S. SECTIONS

Comments/Conditions

INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT SKETCH



NORTH CROSSING STREET

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: Mark S. Foy date 4-9-99 Installed by: Tommy Cothren

Improvement Permit by: STEVE HEDRICK date 4-8-99 Operation Permit by: C. Moore date 9-7-99

Authorization to Construct by: STEVE HEDRICK date 4-8-99 Existing System Inspection by: ____ date ____

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