IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088172 PIN# 4727 81 1992 (PT) DATE 4-12-00

OWNER OR CONTRACTOR R.E. FOY PHONE: Business _____ Home 585-2188

ADDRESS P.O. BOX 135, STONY POINT, NC 28678

LOCATION NC 115 NORTH, TR RED CHIMNEY ROAD, TR NORTH CROSSING LANE, 2ND LOT ON LEFT

SUBDIVISION NORTH CROSSING BLOCK / SECTION I LOT 5 LOT AREA 0.684 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date ~~[illegible]~~

Pump Tank: _____ Gallons; PT _____ Date 2-4-01

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Eq. To 1200 Linear Feet 300+

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" ~~Min~~ Depth SAND 6"

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

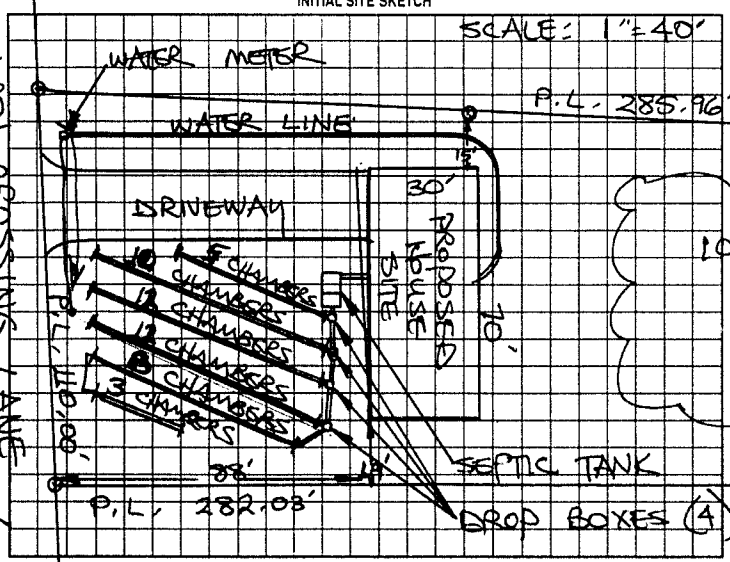
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

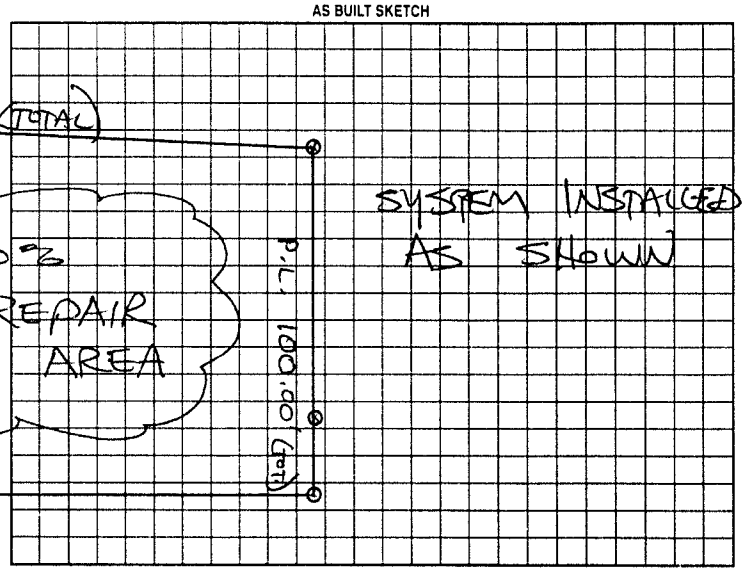
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS ON CONTOUR AS SHOWN ③ KEEP SYSTEM MINIMUM 10' FROM WATER LINE

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

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: Thomas J. White date 5-05-00 Installed by: TOMMY CONREN

Improvement Permit by: STEVE HEDRICK date 4-12-00 Operation Permit by: STEVE HEDRICK date 9-14-01

Authorization to Construct by: STEVE HEDRICK date 4-12-00 Existing System Inspection by: _____ date _____

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