IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202778

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

PIN # 4736730455

APPLICANT: Gary Fox APPLICANT ADDRESS: 236 Jennings Rd

SITE ADDRESS: 237 Clearview Rd PHONE: 704-902-0303 ALT. PHONE: N/A

SITE DIRECTIONS: 115 to Chipley Ford Rd T/L Clearview Rd Lot on Right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.05ac DESIGN FLOW: 240 L.T.A.R.: 0.25

Septic Tank 1200 (gal) STB 1012 Date 2-3-14
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Tuff Tank Serial # EF-4
Nitrification Fields 1 # Lines 2 Linear Ft: 240
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

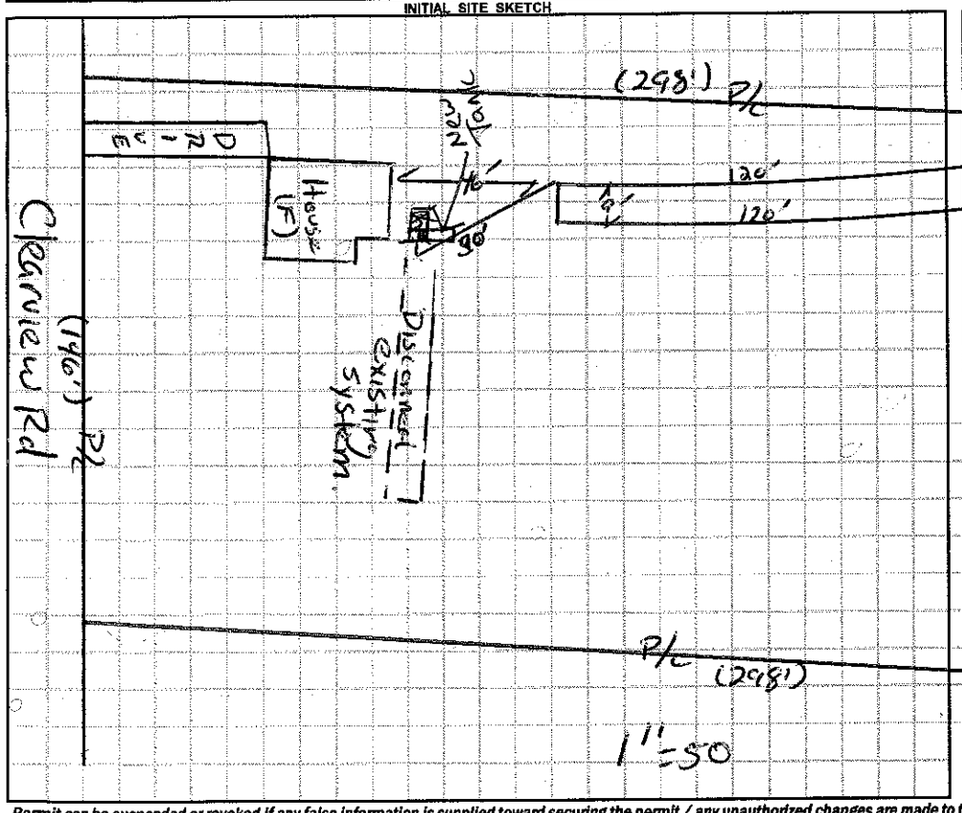
☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

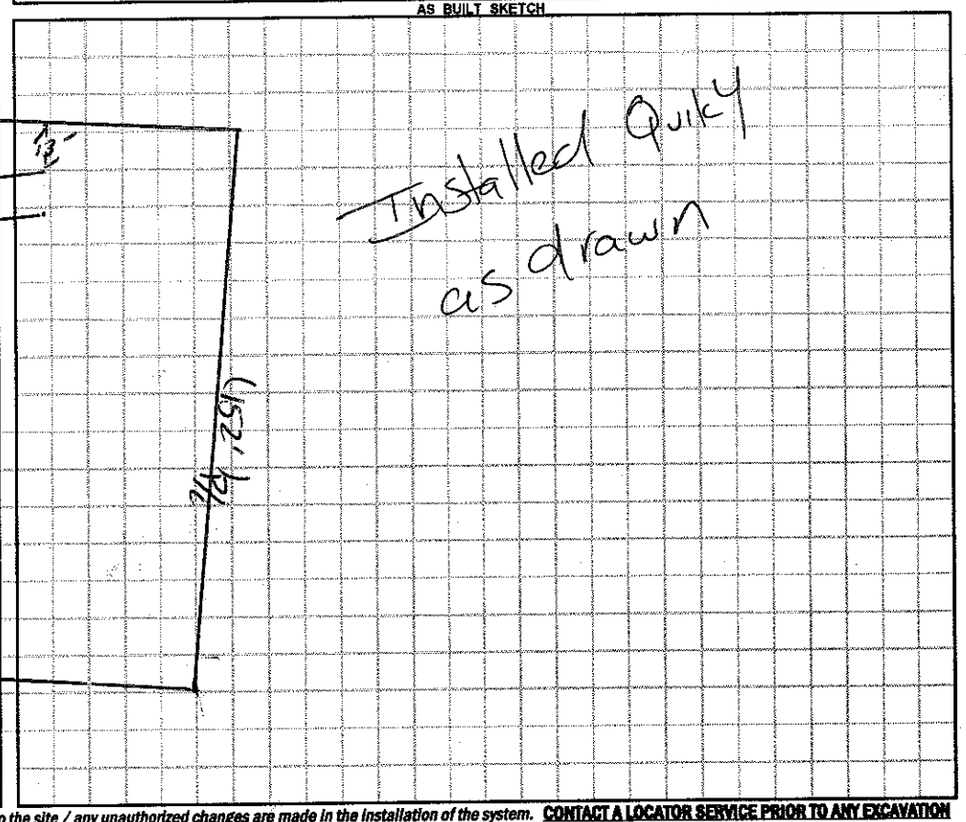
Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: Check tank, check tee, replace if necessary. Install 25% on contour with serial distribution.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Gary Fox Date: 5/18/14 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: David A. Lowe Date: 05/16/14 OPERATION PERMIT by: David A. Lowe Date: 6-2-14

AUTHORIZATION TO CONSTRUCT by: David A. Lowe Date: 05/16/14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK