This permit voids previously issued permit 4-4-00.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 1/15/02

PERMIT# 086822 PIN# 4743105847 PT PHONE: Business (704) 567-9820 Home

OWNER OR CONTRACTOR Fox Dagg Acres

ADDRESS 5201 Magnolia Rd Charlotte N.C. 28005

LOCATION 215 ① Moose Club Rd. ② Statesville ③ Arlie Loop to Apple Valley on ④ Near end.

SUBDIVISION Apple Valley BLOCK / SECTION — LOT 17 LOT AREA 4.32 Ac. SITE CLASS IS DESIGN FLOW 480 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1000 Date 11-13-01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 6 Trench Width 36" Max Trench Bottom Depth (20") Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI

System Description: Gravity; Conventional

Repair System Description: Gravity/Pump; Conventional

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees

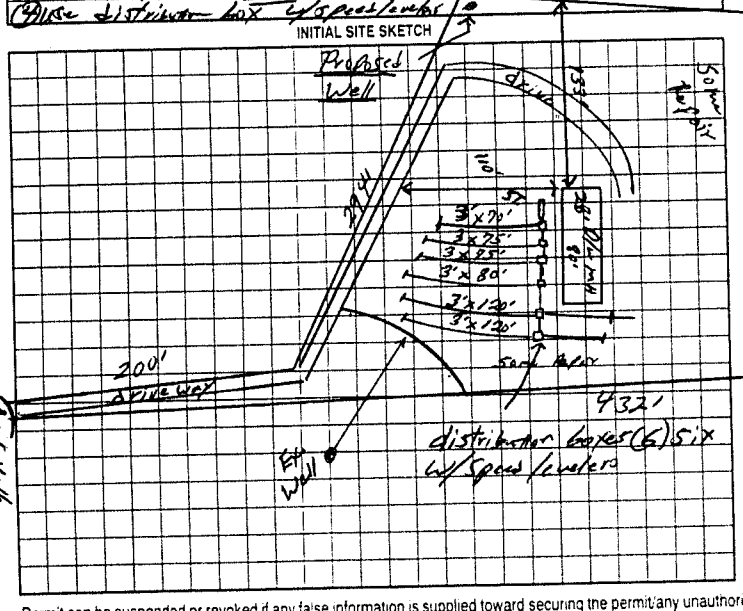
Water Supply: [X] Individual [ ] Public [ ] Community

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

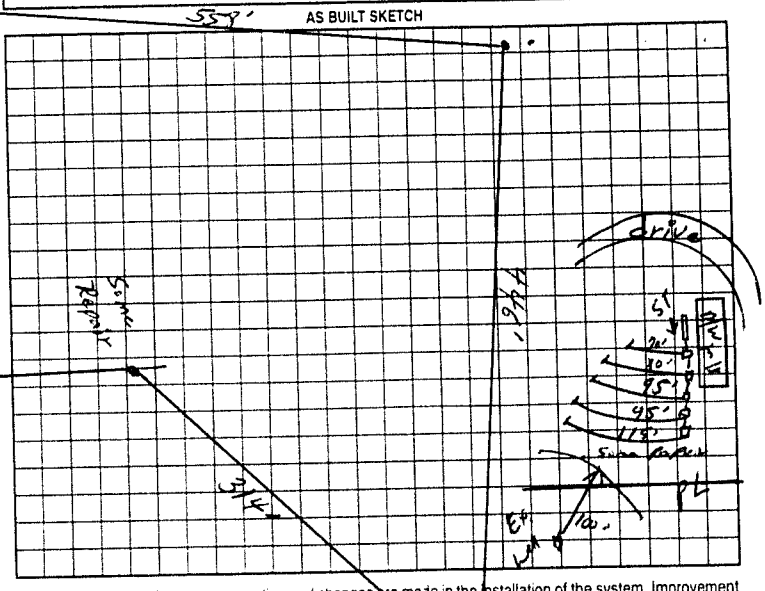
Comments/Conditions: ① Install lines on Contour ② Keep System 100ft From Well ③ Do Not install lines more than 20" deep. ④ Use distribution box w/speed levelers

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

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: Ray Bowen date 1-15-02 Installed by: James Hadley

Improvement Permit by: William O Johnson date 1/15/02 Operation Permit by: William O Johnson date 1/17/02

Authorization to Construct by: William O Johnson date 1/15/02 Existing System Inspection by: date

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