IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 100.00 MOORESVILLE 704-664-5281

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

PERMIT# 073749 PIN# 4743105847 DATE 9-2-98

OWNER OR CONTRACTOR Fox Den Acres PHONE: Business _____ Home _____

ADDRESS 5201 Monroe Rd. Charlotte 28205

LOCATION Moose Club Rd. Turn on Skyuka Rd. TR on Arlie - Stay left to Apple Valley Lane at end

SUBDIVISION Apple Valley BLOCK / SECTION _____ LOT 20 LOT AREA 1.16ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@134 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

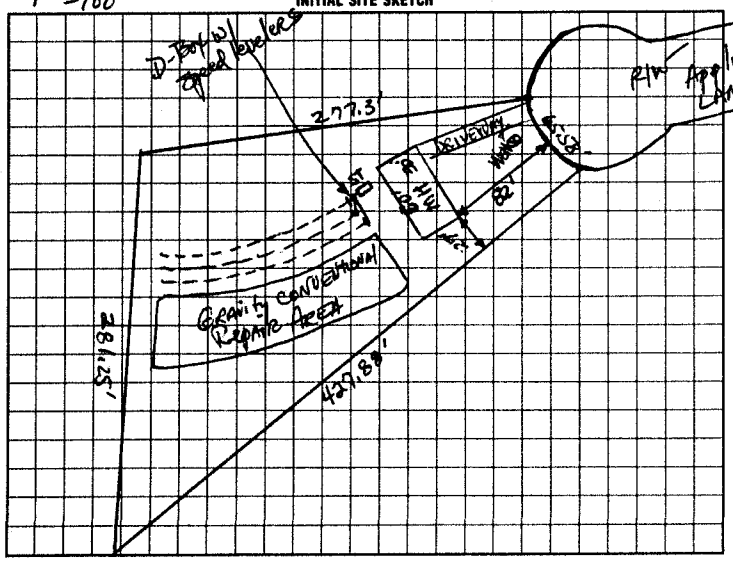
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

I understand that this 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: Jeff Casey Agent date 4-5-00 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 9-2-98 Operation Permit by: [signature] date 5-23-00

Authorization to Construct by: [signature] date May 25 2000 Existing System Inspection by: _____ date _____

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