3-30 AI ~~3-30 Thompson~~

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 3/30 AI MOORESVILLE 704-664-5281

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

PERMIT# 86804 PIN# 4743105 847 PT DATE 4/4/00

OWNER OR CONTRACTOR Fox DEN ACRES PHONE: Business 567-9836 Home

ADDRESS 5201 MONROE RD CHARLOTTE NC 28205

LOCATION 315 - TL MOOSE CLUB RD - TL SKYUKA - TR ARLIE LOOP - TO APPLE VALLEY - ON LT

SUBDIVISION APPLE VALLEY BLOCK / SECTION LOT 35 LOT AREA .66AC SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. ~.3 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 4 15 00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330
No Lines 3@110' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth n/a

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY INNOVATIVE
Repair System Description: GRAVITY PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

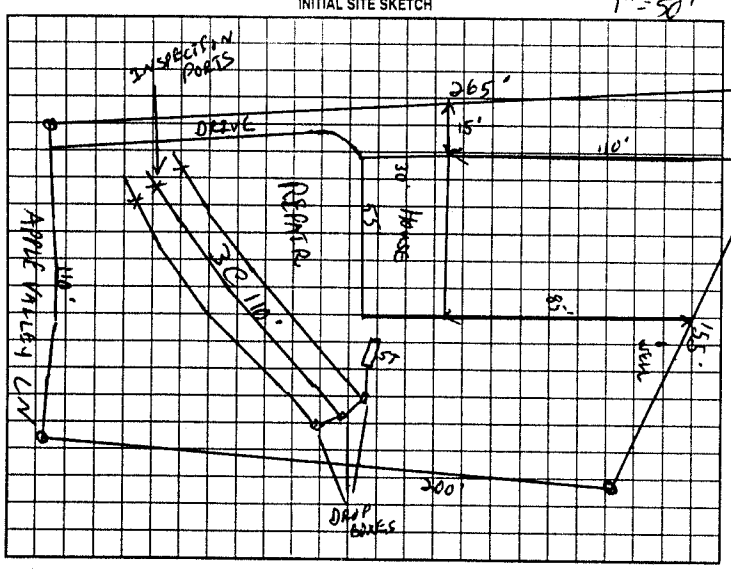
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ~~☑ Individual~~ ☐ Public ☐ Community

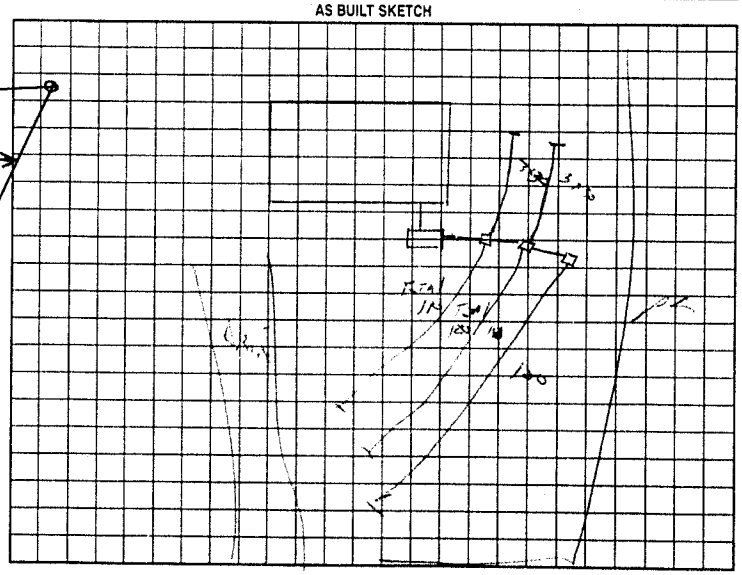
Comments./Conditions: 1) KEEP WELL 100' FROM SEPTIC SYSTEM 2) INSTALL INSPECTION PORTS ON END OF EACH LINE.

Comments./Conditions: HDS Sections

INITIAL SITE SKETCH 1"=50'



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: Jeff Casey agent date 4-5-00 Installed by: AI Burch

Improvement Permit by: [signature] date 4/4/00 Operation Permit by: [signature] date 4/4/2000

Authorization to Construct by: [signature] date Existing System Inspection by: date

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