402-6630 Cell Phone

THIS PERMIT VOIDS PREVIOUS ISSUED 4-3-2000

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-3281

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

PERMIT# 086808 PIN# 4743 10 5847 (PT) DATE 12-22-00

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

ADDRESS 5201 MONROE ROAD, CHARLOTTE, NC 28205

LOCATION US 21 3, TL MOOSE CLUB RD, TL SKYUKA RD, TR, ARLIE LOOP, TO APPLE VALLEY LOT ON LEFT

SUBDIVISION APPLE VALLEY BLOCK / SECTION _____ LOT 31 LOT AREA 2.441 ACRE SITE CLASS PS DESIGN FLOW 360' L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 1-1-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 60 TO 1440 Linear Feet 240

No Lines EIGHT Trench Width 24" Max Trench Bottom Depth 30"

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

System Description: 50% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

~~Gravel~~ Depth SAND 6" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

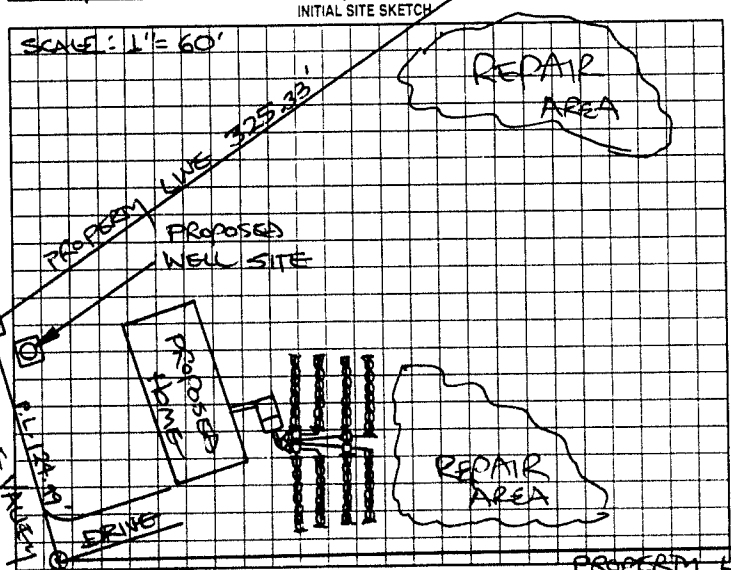
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

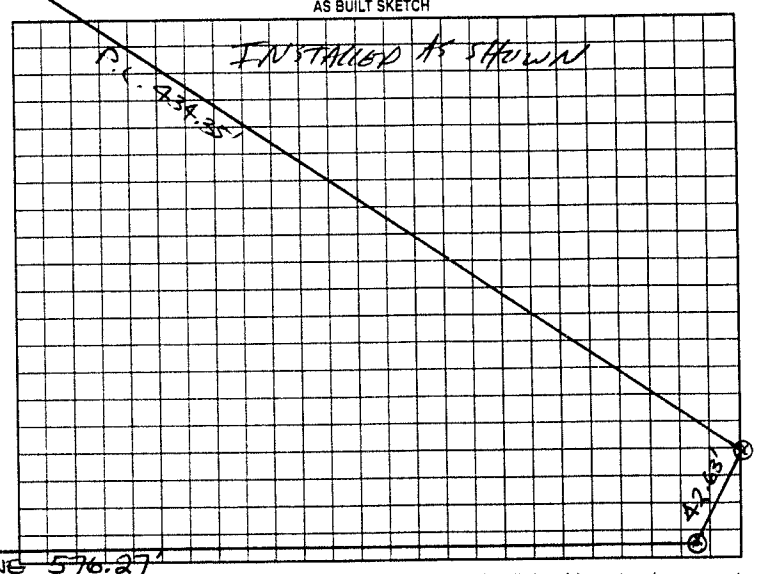
Comments/Conditions: ① SEE ATTACHED SHEET FOR DISTRIBUTION DETAIL (USE 3 FLOW DIVIDERS TO ACHIEVE EQUAL DIST. INTO EACH OF 4 DROP BOXES FEEDING TWO LINES EACH. ② INSTALL 5G PPBPS PANELS IN EQUAL LENGTH LINES.

Comments/Conditions: INSTALLED WITH MARKER & 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: _____ date 12-28-00 Installed by: MARTY TUCKER

Improvement Permit by: STEVE HEDRICK date 12-22-00 Operation Permit by: _____ date 02-09-01

Authorization to Construct by: STEVE HEDRICK date 12-22-00 Existing System Inspection by: _____ date _____

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