(23)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 MOORESVILLE 704-664-5281

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

PERMIT# 086825 PIN# 474 310 5847 PT DATE 4/4/00

OWNER OR CONTRACTOR FOX DEN ACRES PHONE: Business 567-9820 Home

ADDRESS 5201 MONROE RD. CHARLOTTE NC 28205

LOCATION 21S. TL MOOSE CLUB RD. TL SKYUKA RD. TR ARLEE LOOP ON LT

SUBDIVISION APPLE VALLEY BLOCK / SECTION LOT 23 LOT AREA 1.02 AC SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 160 Date 4-25-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' 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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

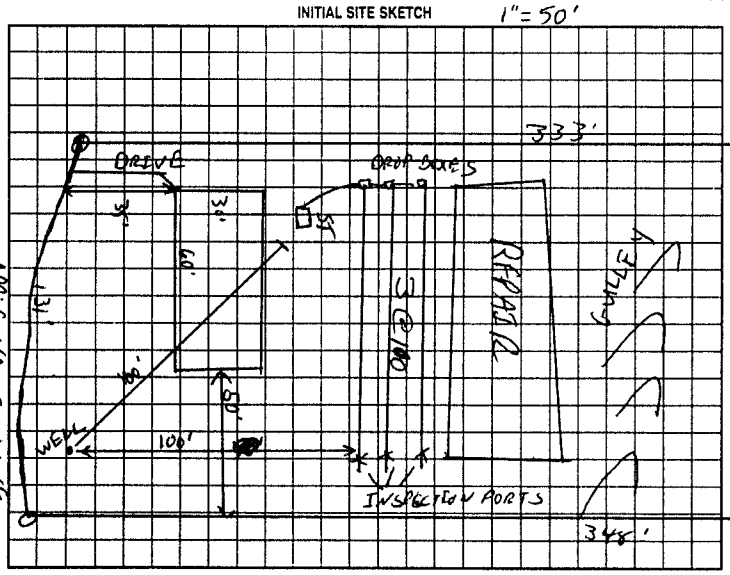
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

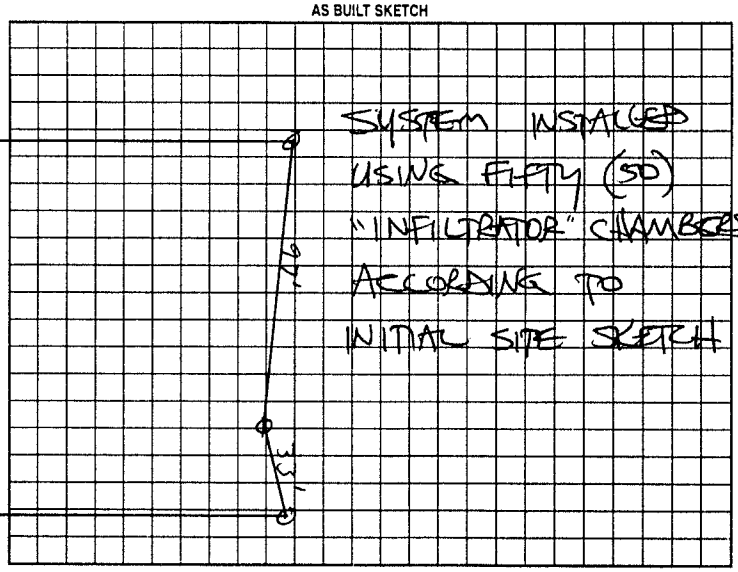
Comments/Conditions: 1) KEEP WELL 100' FROM ANY SEPTIC SYSTEM 2) INSTALL AN INSPECTION PORT AT END OF EACH LINE.

Comments/Conditions: SEPTIC TANK WITH RISER INSTALLED USING "POLYLOK" FILTER

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 Caskey agent date 4-5-00
Improvement Permit by: [signature] PS date 4/4/00
Authorization to Construct by: STEVE HEDRICK date 6-15-01

Installed by: LEATHERMAN SEPTIC TANK
Operation Permit by: STEVE HEDRICK date 6-15-01
Existing System Inspection by: date

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