IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105201 PIN# 4747-91-7844 DATE 5/9/02

OWNER OR CONTRACTOR John C. Fox PHONE: ~~Business~~ Cell (704) 437-2579 Home 704 873-7345

ADDRESS 283 Salem Creek Drive Statesville NC 28625

LOCATION Hwy 21 N, @ on Jennings Rd, @ on Fox Park Lane, on left

SUBDIVISION ~~Emily~~ BLOCK / SECTION 1 LOT 3/2 LOT AREA .965 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30

Septic Tank: ~~Emily~~ 1,000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet 300 ft

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New ~~System~~ ☐ Repair System Type: I II III IV V VI

System Description: Gravity, Chambers

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms ~~3~~ 4 No. Bathrooms 2 No. Employees ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions:

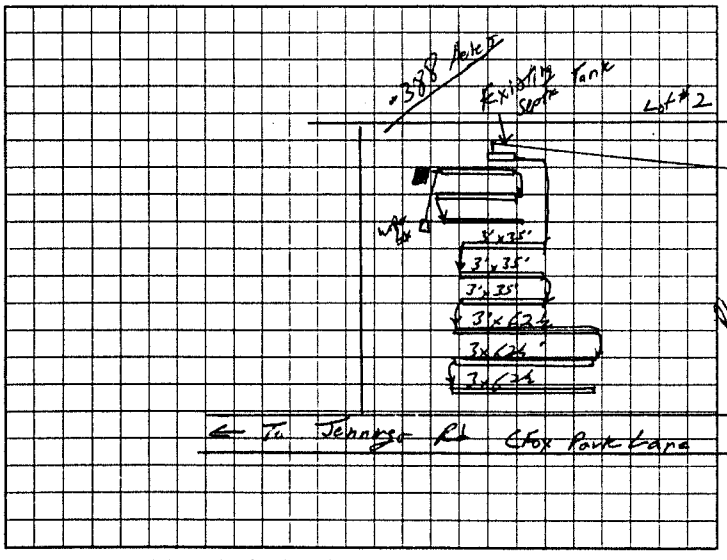
Comments/Conditions

300 Linear Ft. for 3 BR House

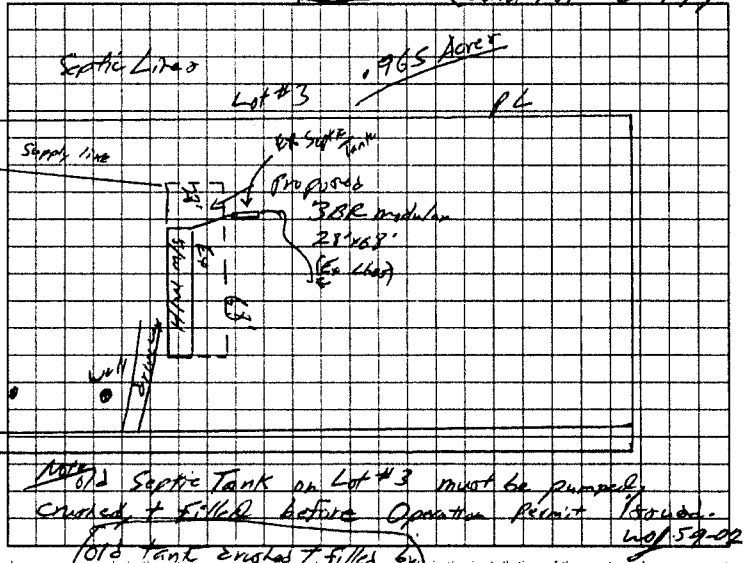
Easement Attached to Original Permit

(See Note at bottom of Page)

INITIAL SITE SKETCH



(AS BUILT SKETCH) (Reference Appr. John Fox 6-97)



Note: Old Septic Tank on Lot #3 must be pumped, crushed & filled before Operation Permit issued. WO 159-02

(Old tank crushed & filled by Gilley's 5/9/02)

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: Janet Yancey date 5/9/02 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: William O. Johnson date 11/4/02

Authorization to Construct by: ____ date ____ Existing System Inspection by: William O. Johnson date 5/9/02

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