IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102325 PIN# 4763-12-5708 DATE 4-4-02

OWNER OR CONTRACTOR JOHN H FOX PHONE: Business 704 872-6019 Home 704-872-1101

ADDRESS 224 NABORS RD STATESVILLE NC 28677

LOCATION HWY 70 E, @ NABORS, 1/2 mile on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 33 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .2

Septic Tank: 1000 Gallons: STB 1012 Date 10-07-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1800' Linear Feet 600'
No Lines 4x150' Trench Width 36" Max Trench Bottom Depth 24"-36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description: PUMP CONV
Maintenance Agreement Required: ☐ Yes ☐ No

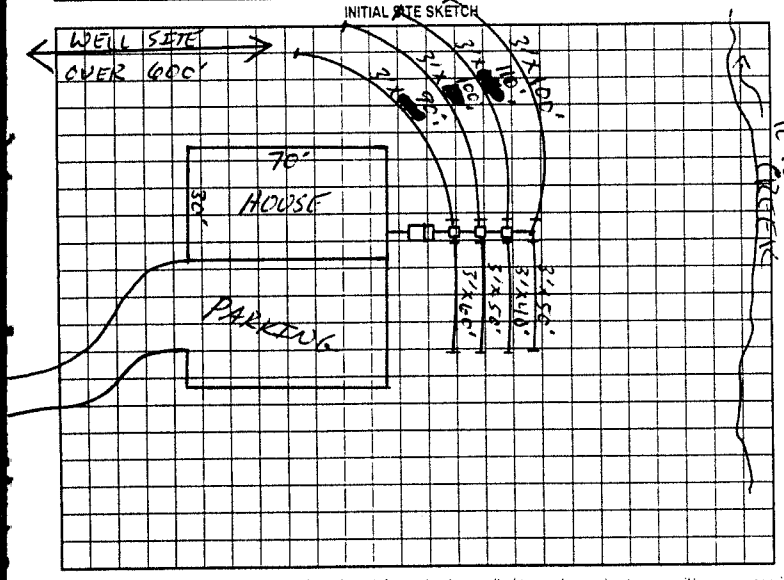
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

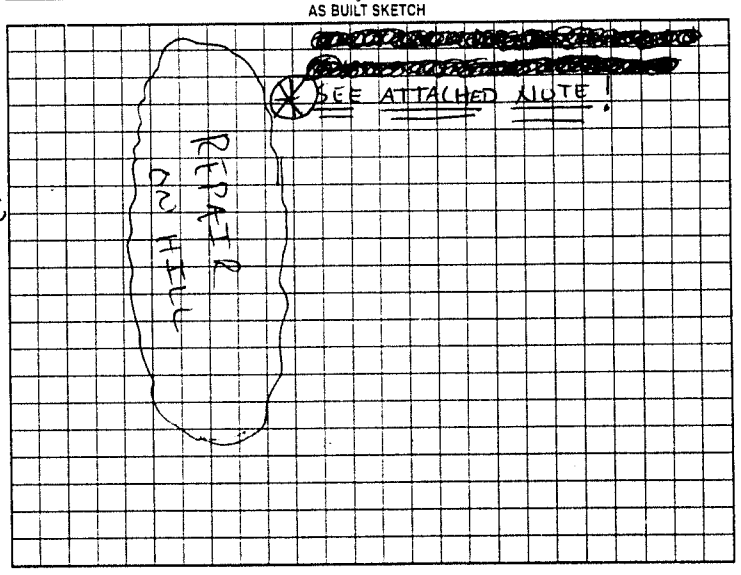
Comments:/Conditions:

Comments:/Conditions: POLYLOK FILTER & MARKER
LOWERED BOXES AS LOW AS POSSIBLE, SET WITH LEVELERS & NEED TO ADD ATLEAST 20" OF FILL OVER FIRST TWO LINES (90' & 100' LINE) SO WILL HAVE ADEQUATE COVER

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: X Tony Munday date 5-30-02 Installed by: JIM LEMITZ

Improvement Permit by: _____ date _____ Operation Permit by: IREDELL CO. HEALTH DEPT date 05-30-02

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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