e-mailed
& Bgmail 8-4-10 (ad)

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 98005 PIN# 4763 12 5708 DATE 3-15-00

OWNER OR CONTRACTOR John Carey Fox PHONE: Business _____ Home 528 5724

ADDRESS Po Box 582 Troutman NC. 28166

LOCATION Salisbury Rd TR Nabors .2 mile on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.8 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3 gal/sq ft/day

Septic Tank: 1000 Gallons; STB 1012 Tp Date 1-21-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ☒ III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

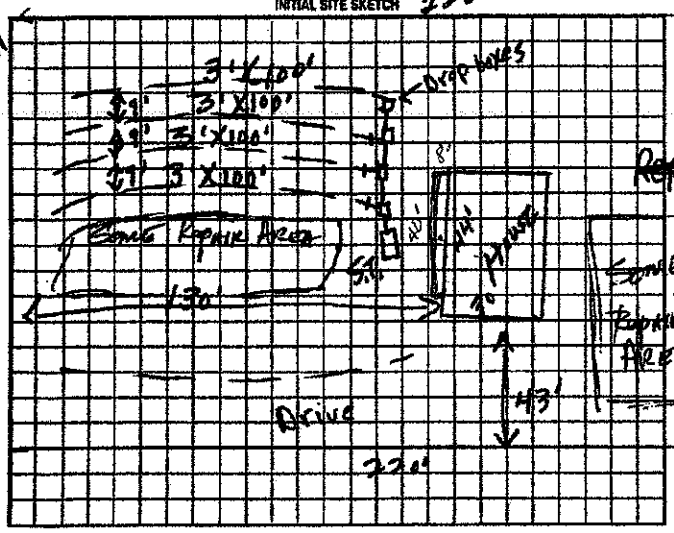
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
well NOT used

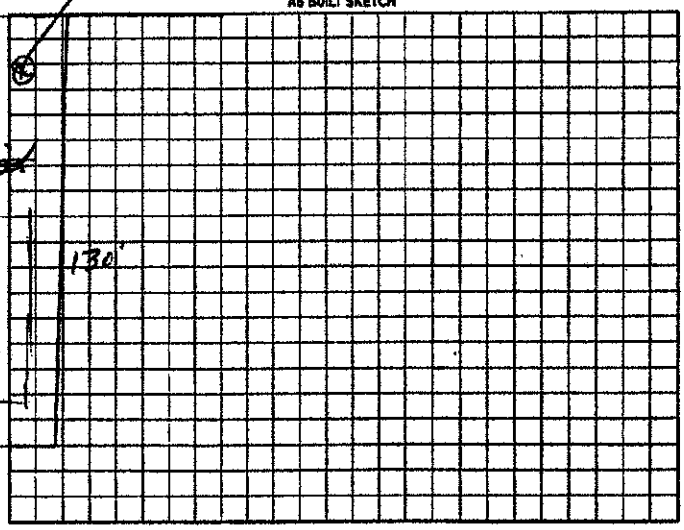
Comments/Conditions: Well drilled where Shown & Repair must be INNOVATIVE -25% Reduction

Comments/Conditions: Well drilled Here

INITIAL SITE SKETCH 220'




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 3-23-00 Installed by: Steve Hedrick

Improvement Permit by: P. C. Moore date 3-15-00 Operation Permit by: _____ date 6-1-00

Authorization to Construct by: P. C. Moore date 3-15-00 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPT.
ENVIRONMENTAL DIVISION
318 TURNERSBURG HIGHWAY
STATESVILLE, NC 28625
COURIER 09-36-07

The proposed ~~/ existing~~ Porch enclosure addition does not appear to impact the existing septic system.
**NOTE: KEEP FOUNDATION MIN. 5 FEET FROM SYSTEM.

R. STEVE HEDRICK REHS
Date: 8-4-10
ICHD-Environmental Health Division