IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4840 11 ~~9461~~ 9241 DATE 9-11-08

OWNER OR APPLICANT Susan Fox PHONE: Business _____ Home _____

ADDRESS 142 Fox Bottoms Rd.

LOCATION (S) (N) on Jennings (L) on Friendship ~ 2 miles on (L) - 595 Friendship

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA n/a SITE CLASS. RS DESIGN FLOW Ex. L.T.A.R. Ex.

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex

No Lines Ex Trench Width Ex Max Trench Bottom Depth Ex Gravel Depth _____

☐ New System ◉ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Ex.

Repair System Description: Ex.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

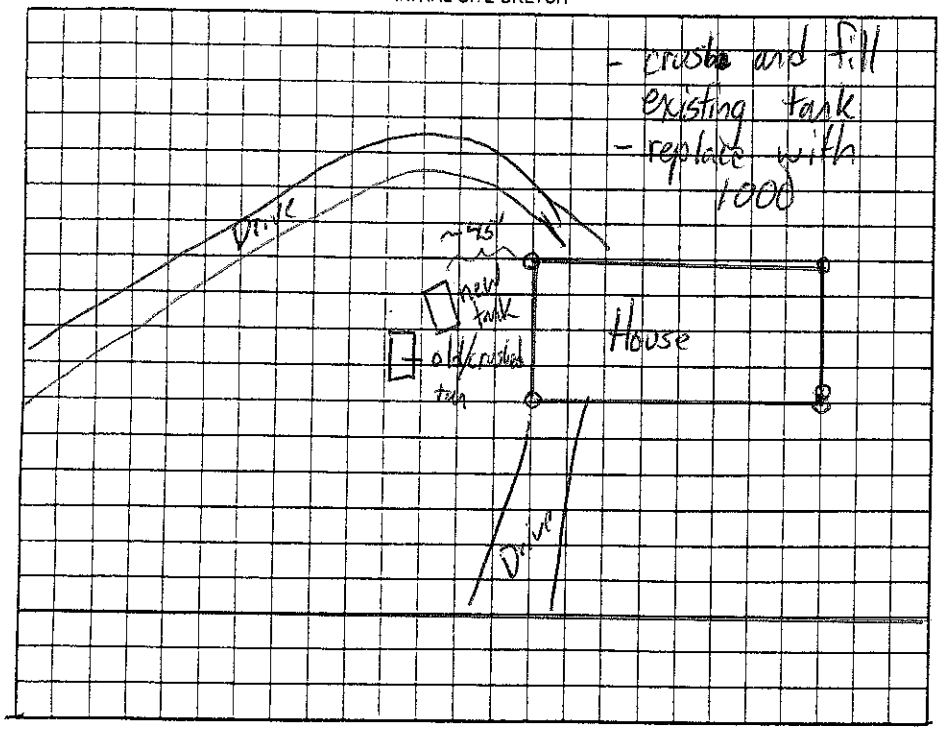
Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

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 10-30-08 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 9-11-08 Existing System Inspection by: _____ date _____

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