$350

11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 666 Linear Feet 200'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

System Description: Grav. Conventional
Repair System Description: Grav. Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ___ No. Employees ___

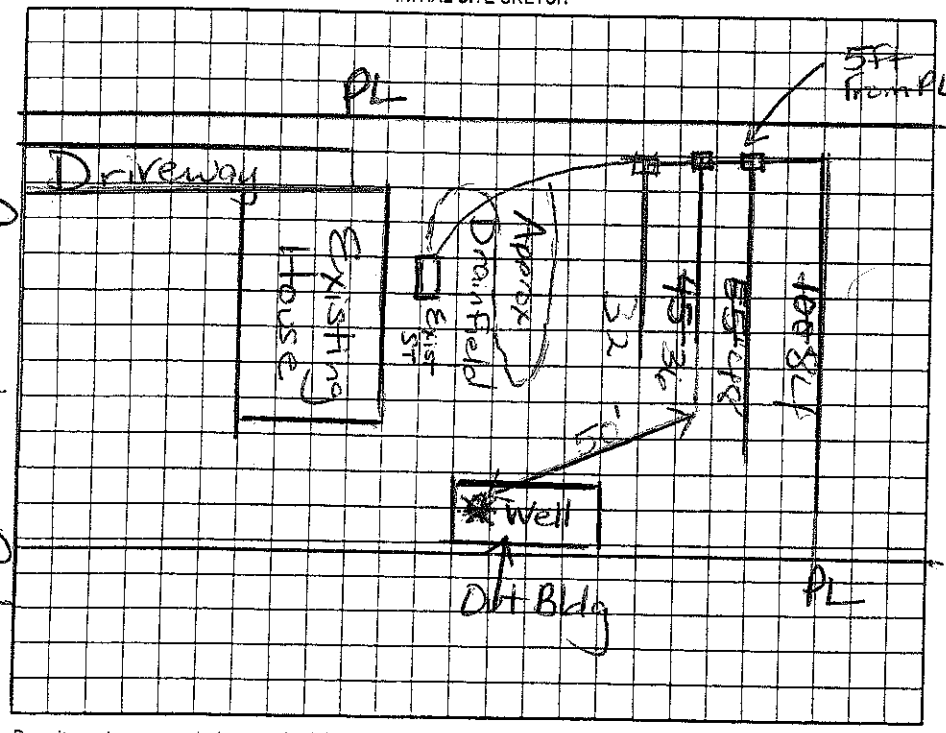
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Keep Septic System at least 50ft from well & 5ft from PL.

Comments:/Conditions: 32 36 48 84

INITIAL SITE SKETCH



Cornelius Rd

AS BUILT SKETCH

Installed Quick 4 Drainfield in 4 lines

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: Charles F. Rozzi date _____

Improvement Permit by: Maria H. Dolan RS date 3/16/07

Authorization to Construct by: Maria H. Dolan RS date 3/16/07

Installed by: Joe Thompson

Operation Permit by: Maria H. Dolan RS date 4/18/07

Existing System Inspection by: _____ date _____

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