IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 3-27-98

OWNER OR CONTRACTOR Doug Safriet PHONE: Business 929 3074 Home 873 8670

ADDRESS 477 Old Mocksville Rd Statesville

LOCATION 64E to Old Mocksville Rd past Brookview Rd Next Bldg left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1/2 acre SITE CLASS PS DESIGN FLOW 450 L.T.A.R. .3

Septic Tank: EX 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 2 Trench Width 72" Max Trench Bottom Depth 48" Gravel Depth 24"

☐ New System ☑ Repair System Type: I (II) III, IV, V, VI

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other Halfway House & Rentals People

Water Supply: ☐ Individual ☑ Public ☐ Community

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

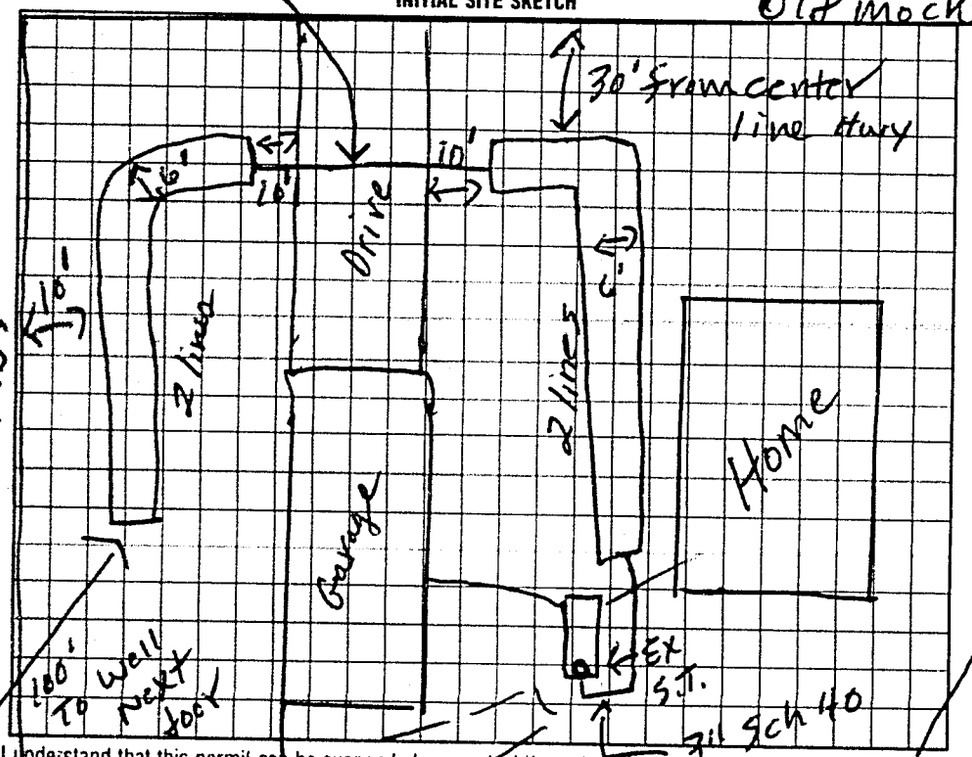
Comments:/Conditions:

Sch 80 under Drive

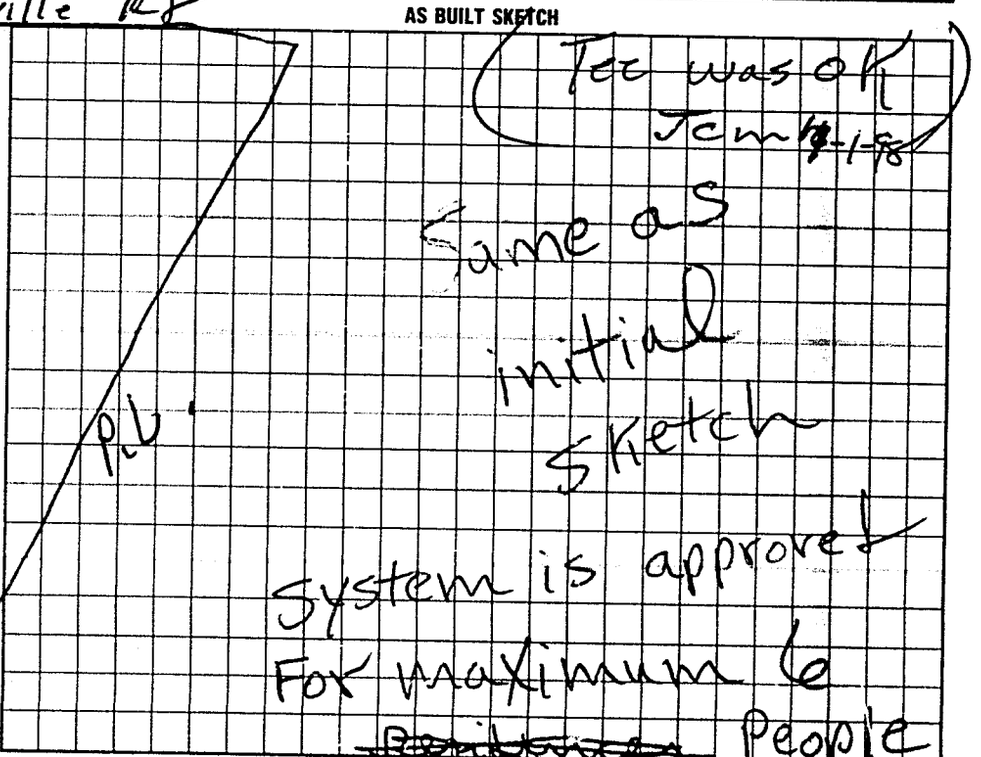
Comments:/Conditions:

Check Tee & Replace if necessary

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Cut off old line that goes under Bldg.

Signed: Doug Safriet date _____ Installed by: Steve Jordan

Improvement Permit by: P.C. Moore date 3-27-98 Operation Permit by: P.C. Moore date 7-1-98

Authorization to Construct by: P.C. Moore date 3-27-98 Existing System Inspection by: _____ date _____

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