IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 18245 PIN# 4757-21-7952 DATE 2-18-04

OWNER OR CONTRACTOR FARREN SHOAF PHONE: Business 704-902-9640 Home 704-876-0374

ADDRESS 1801 OLD MOCKSVILLE RD STATESVILLE, NC 28677

LOCATION US 21 NORTH TR PRISON CAMP ROAD 0.1 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.84 ACRES SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-18-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 170

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: 50% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ Other

No. Bedrooms ____ No. Bathrooms ____ No. Employees 2

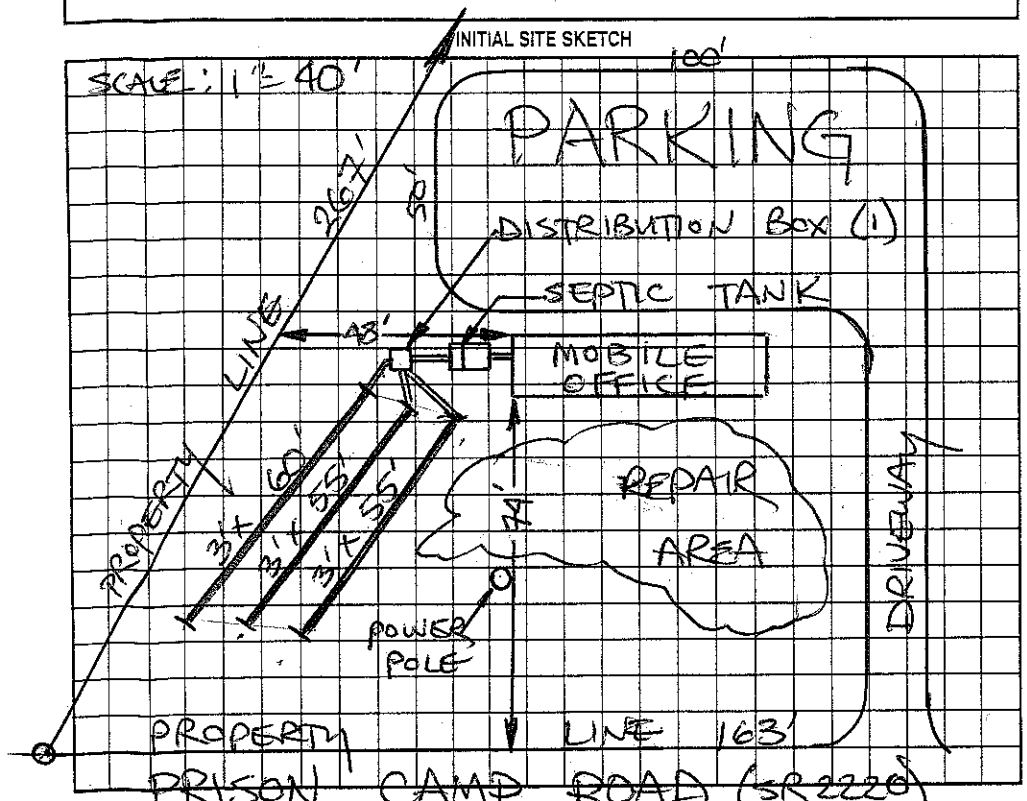
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 2-18-04 Installed by: TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 2-18-04 Operation Permit by: STEVE HEDRICK date 2-25-04

Authorization to Construct by: STEVE HEDRICK date 2-18-04 Existing System Inspection by: _____ date _____

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