# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100128 PIN# 4757 21 5890 DATE 5-16-01

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

ADDRESS 1114 TURNERSBURG HWY STATESVILLE NC 28625

LOCATION 21 N, @ PRISON CAMP, ON DIRT RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12.44 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 13

Septic Tank: 1000 Gallons: STB 1012 Date 4-9-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 800 Linear Feet 266
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI
System Description: CONV GRAV
Repair System Description: PUMP/GRAV CONV
Maintenance Agreement Required: [ ] Yes [X] No

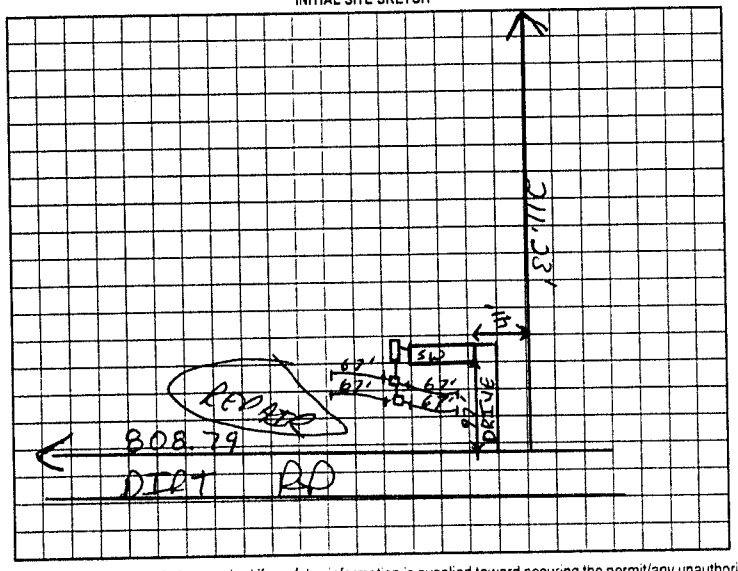
[ ] House/Mod. Home No. Bedrooms 2
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ___
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: ① INSTALL LINES ON CONTOUR
② CALL FOR FLAGOUT PRIOR TO INSTALLATION
③ MAINTAIN SETBACKS

Comments/Conditions: POLYLOK FILTER & MARKER INSTALLED AS SHOWN

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: Farren Shoaf date 5-16-01
Improvement Permit by: [signature] RSI date 5-16-01
Authorization to Construct by: [signature] RSI date 5-16-01

Installed by: Mitchell Grading & Logging
Operation Permit by: [signature] RS date 8-23-01
Existing System Inspection by: _____ date _____

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