3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095151 PIN# 4761521839 DATE 4-2-2001

OWNER OR CONTRACTOR Danny Saffrit PHONE: Business 660-3670 Rhonda Home 663-0923

ADDRESS 209 East Wilson Mooresville, NC 28115

LOCATION Hwy 115 N. TR Shinnville Rd TL Brawley Rd ~4 miles on right across from "Deer Valley"

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.4 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2-22-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1605 Linear Feet 535'

No Lines 5 at 107'ea Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: Gravity - Conventional

Repair System Description: Pump - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

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

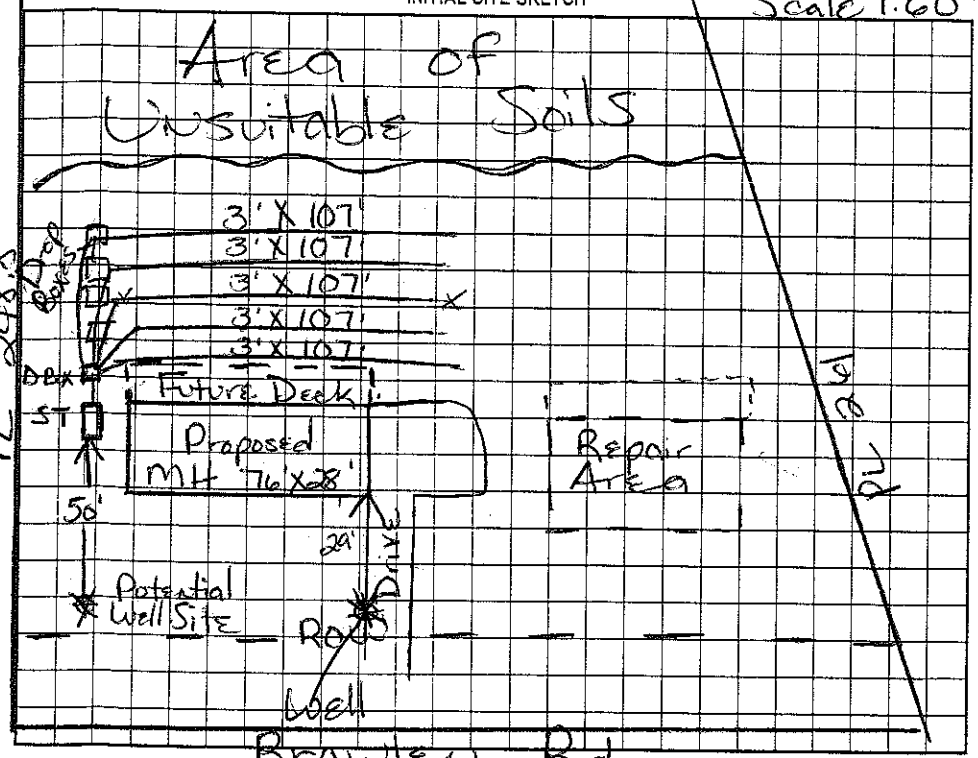
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Creek Creek PL 204'

INITIAL SITE SKETCH Scale 1:60'



Comments/Conditions: Keep Septic System at least 10' from PL & 50' from any well. Divert Storm-water away from Drainfield. Keep well 25' from MH & 50' from Septic System. Installed Polylok

AS BUILT SKETCH - After

Note: Well installed 29' from MH ~60' to 1st Drainline, but close to culvert.

Installed as Drawn Used "Drop Boxes"

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 4/2/01 Installed by: Upright Grading & Septic

Improvement Permit by: Maria H. Dotson RS date 4/2/2001 Operation Permit by: Maria H. Dotson RS date 5/3/2001

Authorization to Construct by: Maria H. Dotson RS date 4/2/2001 Existing System Inspection by: _____ date _____

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