IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

1:30

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18138 DATE 8/14/97 TAX MAP NO. 2P 13 45 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR PETER LOTH PHONE: Business 4638-33-0061 Home

ADDRESS 6049 H WILLIAMS RD CHARLOTTE

LOCATION NORMANDY RD - 6th LOT ON RT COMING FROM Cul-de-SAC

SUBDIVISION NORMANDY HILL BLOCK / SECTION LOT 5 LOT AREA .514C SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10-2-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 402 Linear Feet 201

No Lines 3@67' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

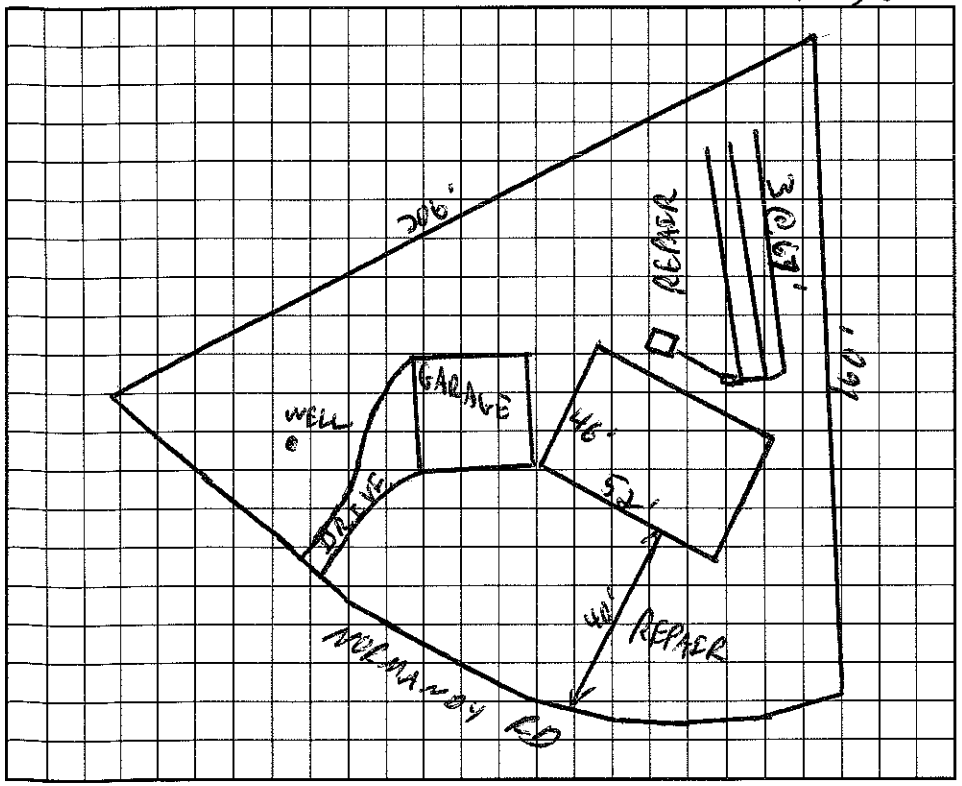
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Well not installed at time of inspection. Checked tanks & lines inspected 11/12/99 tmp D. ~~Needs~~ D-Box checked.

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed as Drawn

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 is valid for 60 months from date of issuance.

Signed: Pete Loth

Improvement Permit by: C. [illegible] date 8/14/97

~~Existing System Inspection by~~ AUTHORIZATION TO: C. [illegible] date 8/14/97

Installed by: Chris Hendrick

Certificate of Completion by: Maria H. Dotson RS date 11/15/99

Operation Permit by: Maria H. Dotson RS date 11/15/99

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

(Blue Toyota - 97) - 3:30 8/15

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18138 DATE 4/14/94 TAX MAP NO. 2P 13A5 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ~~Adam Dowd~~ Peter Loth PHONE: Business _____ Home 568-5776

ADDRESS ~~90 Lockwood Ave~~ ~~Woodbridge NJ 07095~~ 6049 H Williams Rd Charlotte

LOCATION Normandy Rd. 6th Lot on (R) coming from cul de sac

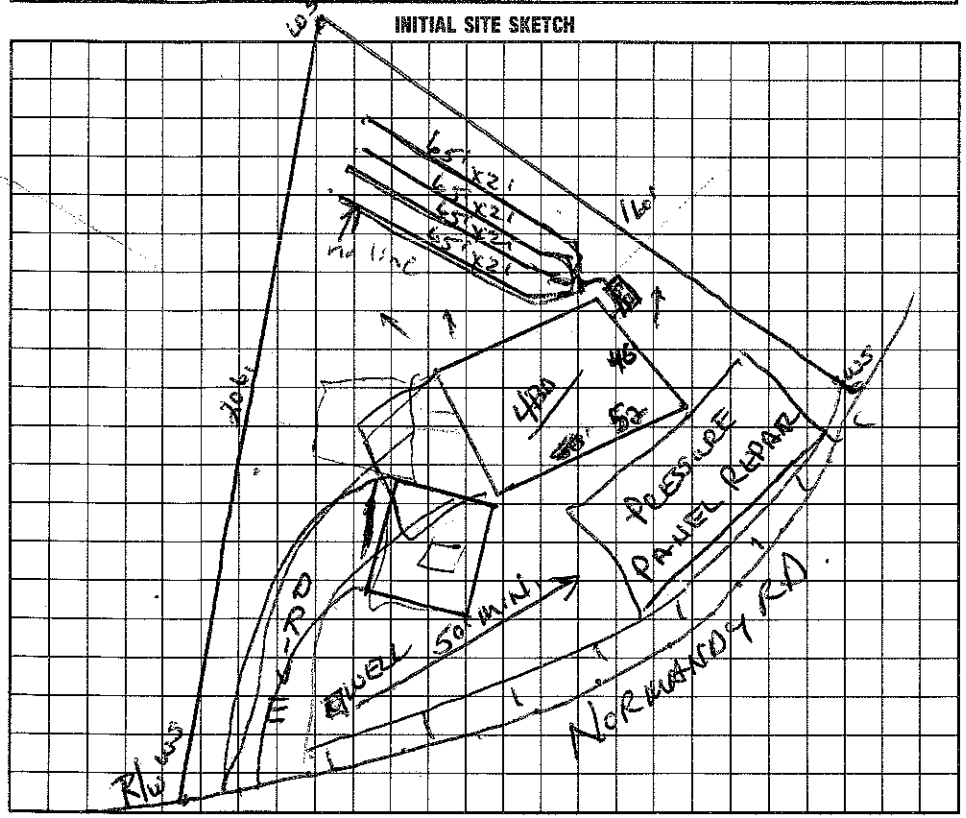
SUBDIVISION Normandy Hills BLOCK / SECTION _____ LOT 5 LOT AREA 1.51 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. (3BR) 1.3

Septic Tank: 1600 Gallons; STB _____ Date _____	☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI	☑ House/Mod. Home No. Bedrooms 4	Water Supply:
Pump Tank: _____ Gallons; PT _____ Date _____	System Description: PPBRS 16" GRAVITY	☐ Mobile Home No. Bathrooms 3	☑ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: TRES, PPBRS	☐ Business No. Employees _____	☐ Community
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~440-264~~	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other _____	☐ Public
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____	☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

Comments: .5 reduction for PPBPS use, Not adequate space for conventional. No changes in house location flagged off on this day.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

LIST OF INSTALLERS

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 is valid for 60 months from date of issuance.

Signed: Rick Knight 4-14-94

Improvement Permit by: Wiley Sparks date 4/14/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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