IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 070976 PIN# 4638499903

OWNER OR CONTRACTOR Robert Loeblein

ADDRESS 1108 Round Knob Ave. Salisbury, NC 28144 PHONE: Business _____ Home 279-7308

DATE 1/13/97

LOCATION Perth Rd - TR Stumpy Crk past Boat Ramp TR Dearborn Ln at end on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT 114 LOT AREA .78 Acre SITE CLASS. _____ DESIGN FLOW Existing L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Grav - Conv

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 1 No. Employees ____

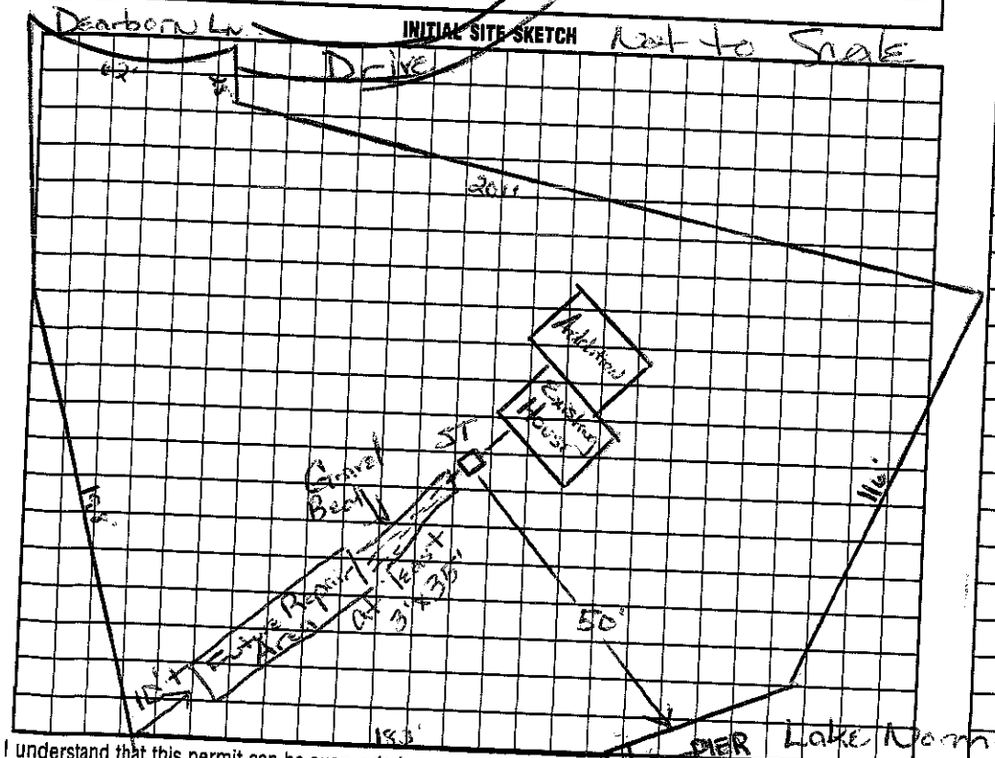
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: (Water Source - Neighbors Well) or Well

Comments:/Conditions: Upgrading to 2 Bedrooms. Minimal Design Flow for House is 240 gpd - 2 Bdrm. Septic System appears to be functioning Okay at time of Inspection; No problems noticed.

INITIAL SITE SKETCH Not to Scale



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.

Signed: David M Barrow B&T Const

Improvement Permit by: _____ date 1-16-98

Authorization to Construct by: _____ date 1/13/98

Existing System

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 1/13/98

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

IREDELL COUNTY
PROPERTY DESCRIPTION FORM

P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 070976 Zoning Permit: X Improvements Permit: 2

Name: LOEBLEIN ROBERT Address: 1108 ROUNDKNOB AVE

City: SALISBURY State: NC Zip: 281440000

Phone: 0002797308

Proposed Use: 08

PIN #: 4638499903 Zoning: RR Township: 17

Street Address: 126 DEARBORN LN

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: SECTION Lot #: 114 Lot Size: .78

Has Property been recorded? Community Water? Sewer?

Provider:

Watershed: Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F 35 S 15 R 35

Minimum Lot Size: 0 Minimum Lot Width: 0

Land Use Permitted in this Zoning District? Y

Comments: ADDING BEDROOMS TO EXISTING BLDG

Hold Building Permits? Reason:

Location: PERTH RD TR STUMPY CRK TR DEARBORN LN AT END ON RT

Staff: WMA Date: 12/12/97

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant: _____
Owner: Agent: