IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 3252 MOORESVILLE 704-664-5281

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

PERMIT# 107535 PIN# ~~4638 77 7716~~ 4638-86-3~~3356 936 2531~~ DATE 7/15/2002

OWNER OR CONTRACTOR Jeff Lotsman PHONE: Business 336-830-1911 Home (704) 871-2851

ADDRESS 135 Morrison Creek Rd. Statesville, NC 28625

LOCATION Perth Rd North on left just past Hideaway Ln. across from Sagemore

SUBDIVISION ~~Harborview~~ BLOCK / SECTION 4 LOT 1 LOT AREA .56 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 3@67' Trench Width 24" Max Trench Bottom Depth ~30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Existing Gravity Panel BK
Repair System Description: Pump-P
Maintenance Agreement Required: ☐ Yes ☐ No

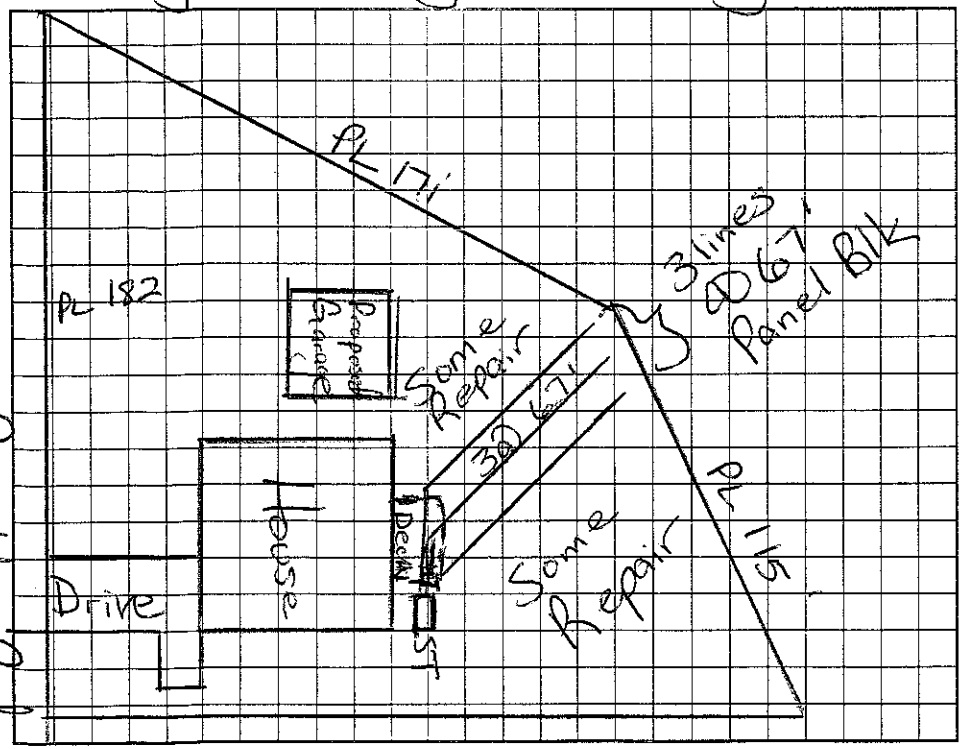
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ ~~Public~~
☒ Community

Comments:/Conditions: Existing Septic System is new
Deck Extends slightly over Septic lines.
Existing Septic System okay

Comments:/Conditions: Okay to build proposed Garage as shown on drawing.

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: Donna J. Lotsman date 8-15-02 Installed by: ____

Improvement Permit by: Maria H. Dotson R.S. date 7/15/2002 Operation Permit by: ____ date ____

Authorization to Construct by: Maria H. Dotson R.S. date ____ Existing System Inspection by: Maria H. Dotson R.S. date 7/15/2002

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