IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 1816156

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

PIN # 4639-84-5792

APPLICANT: MIKE LOFTIN APPLICANT ADDRESS: 104 ST. SOPHIA CT. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-360-4635 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL BELLS CROSSING, CORNER OF BELLS & ST. SOPHIA

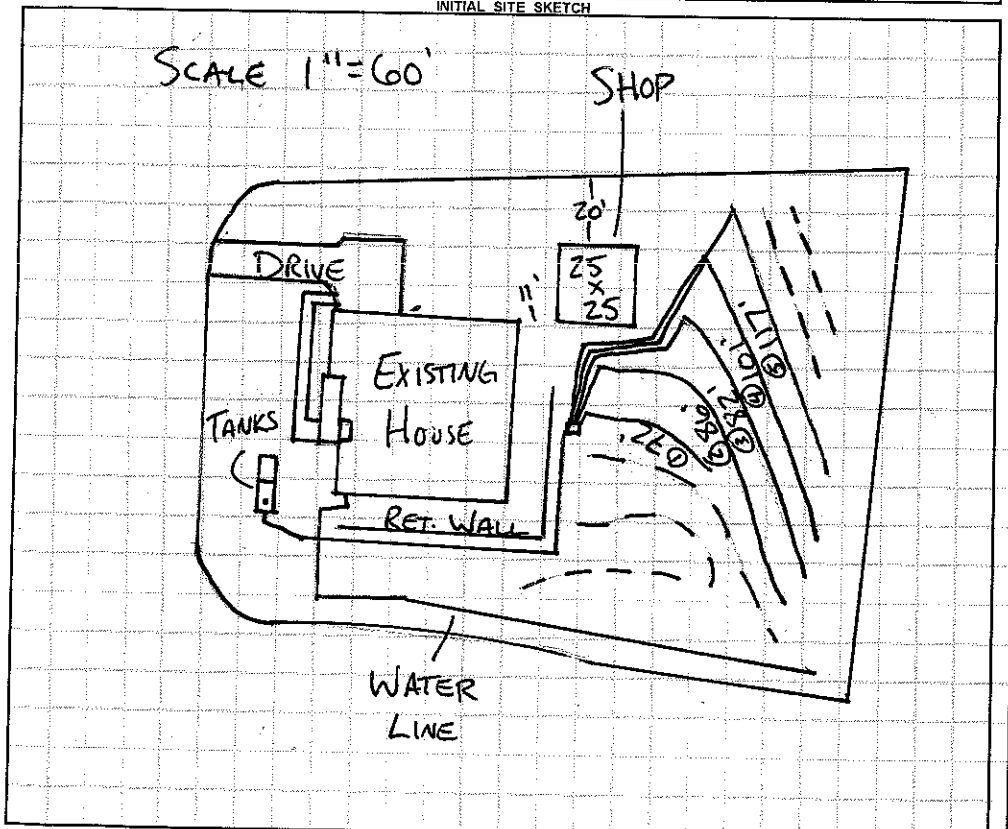
SUBDIVISION: BELLS CROSSING SECTION: LOT # 64 LOT AREA: .79 AC DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank	Ex. 1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III)B IV V VI	☐ Residence	No. Bedrooms	4	Water Supply
Pump Tank	Ex. 1000 (gal)	PT	Date	System Description:		PM-25% RED.		☐ Business	No. Persons		☐ Private
Pump Make		Model	Serial #	Repair System Description:		LP- PANEL BLOCK		☒ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	454'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth			☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

GARAGE

INITIAL SITE SKETCH



AS BUILT SKETCH

* END OF LINE ③ & PART OF PLUMBING FROM PRESSURE MANIFOLD ARE TOO CLOSE TO PROPOSED SHOP.
* REMOVE 2-3 CHAMBERS FROM LINE ② & REROUTE PLUMBING FROM PM TO 5' SETBACK FROM SHOP
* CURRENTLY HAS 466' OF DRAIN LINE ONLY 436' REQUIRED
* TAP SIZES IN PM TO STAY THE SAME

454' INSTALLED

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11/14/13 Installed by: CAROLINA PIPE CLEANING

IMPROVEMENT PERMIT by: [signature] Date: 11-14-13 OPERATION PERMIT by: [signature] Date: 12-4-13

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-14-13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK