IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 PAID MOORESVILLE 704-664-5281

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

PERMIT# 10946 PIN# ~~4636-65-6653.027~~ 4639851878 DATE April 17 03

OWNER OR CONTRACTOR Lochlin Development PHONE: Business _____ Home _____

ADDRESS P.O. Box 490 Denver N.C. 28037

LOCATION Path 20 N. Village Fr Fern Hill Dr Creekwood Dr on left before Creek

SUBDIVISION Creekwood Village BLOCK / SECTION 2 LOT 27 LOT AREA .597 SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. .125

Septic Tank: 1000 Gallons; STB 55 Date 4/15/03
Pump Tank: 1000 Gallons; PT 40 Date 6/3/03
Pump Make: Myers Model ME100 Serial No. _____
Nitrification Field: No Fields 2 Square Feet 2880 Linear Feet 576
No Lines 16 Trench Width 18" Max Trench Bottom Depth 14" Gravel Depth 8"

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: LPP
Repair System Description: LPP
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

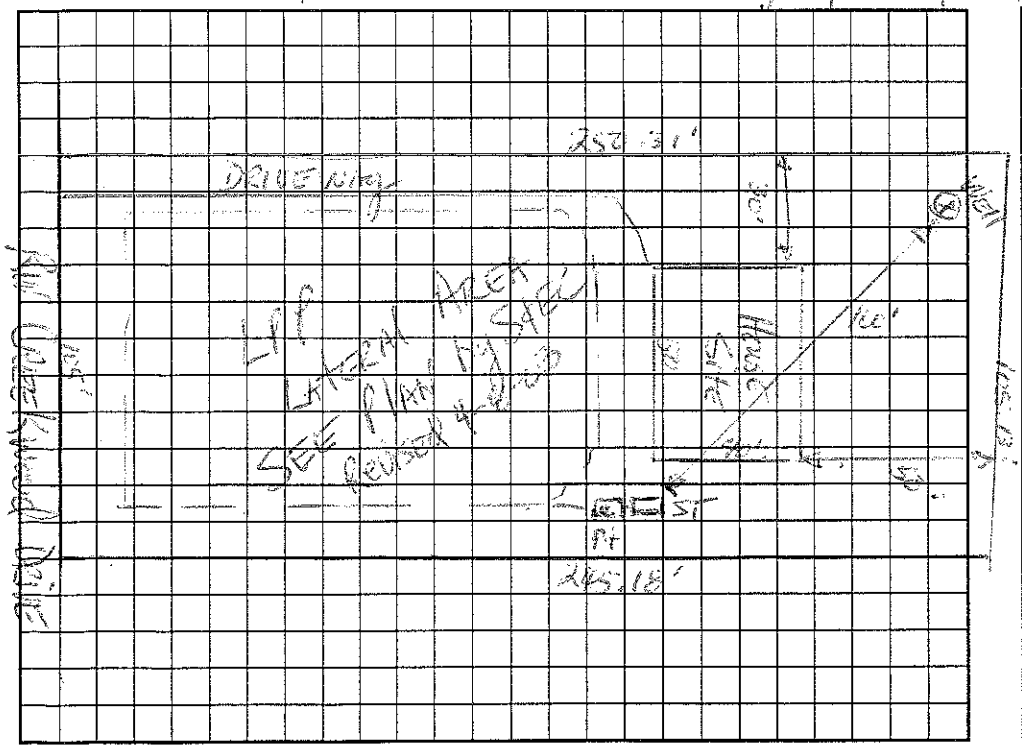
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Left side (end) garage only! No traffic over LPP (lateral area). Pre Construction Conference Required Before Starting Any Septic System Excavation!!

Comments:/Conditions:

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: _____ date 4-28-03 Installed by: Cochthan Builders

Improvement Permit by: _____ date 4-17-03 Operation Permit by: _____ RS date 9/25/03

Authorization to Construct by: _____ date 4-17-03 Existing System Inspection by: _____ date _____

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