IREDELL COUNTY HEALTH DEPARTMENT

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

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

4100

PERMIT# Repair PIN# N/A 4667 62 5422 Tim Ammons DATE 12-7-04

OWNER OR CONTRACTOR Nelson Loftman PHONE: Business 881-1042 Home 663-3378

ADDRESS 940 Central Ave Mooresville, NC 28115

LOCATION N. Main TR Pine St TL Cook TL Central

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. PS DESIGN FLOW 100gpd L.T.A.R. .3

Install 1500gal Washer Tank

Septic Tank: 750gal Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100'

No Lines 2 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth 12"

☐ New System ☒ Repair System Type: I, II, III, IV, 25% ☒ House/Mod. Home No. Bedrooms 3

System Description: Gravity – Conventional ☐ Mobile Home No. Bathrooms 1

Repair System Description: Same Reduction ☐ Business No. Employees ____

Maintenance Agreement Required: ☐ Yes ☒ No ☐ Other ____

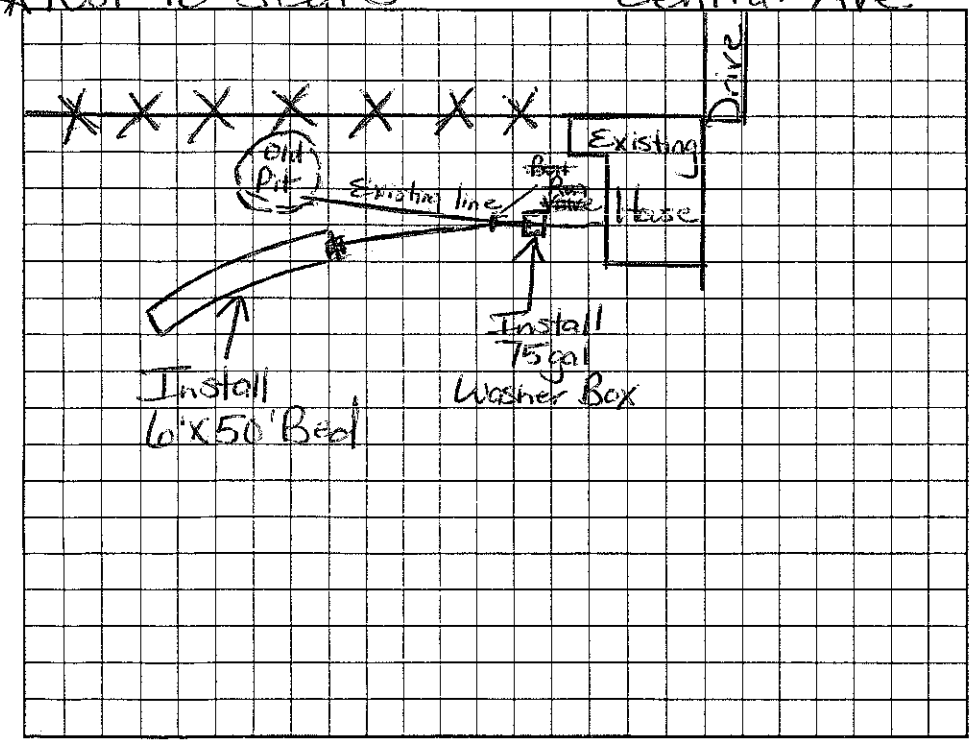
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

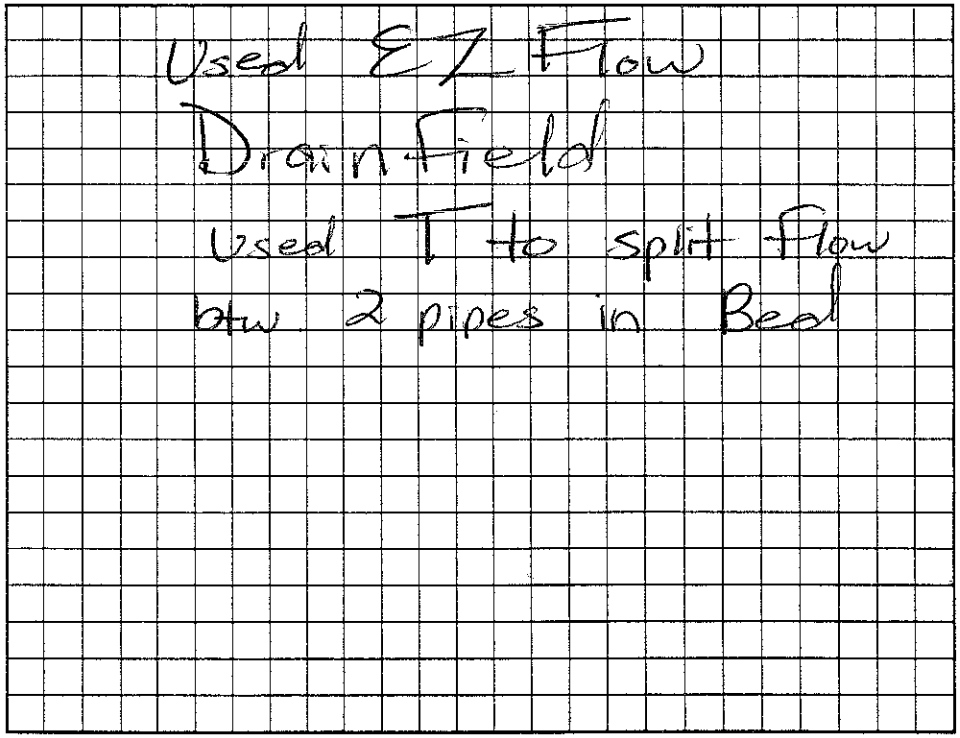
Comments:/Conditions: Install Bed System 6'X50' or Install 2-50' lines, 9ft on Center. Use Bull run valve to switch between old pit & new field

Comments:/Conditions: May use 25% Reduction Drainlines instead of Conventional Gravel Drainlines * Contact Health Dept prior to installation

* Not to Scale 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: Nelson B. Loftman date 12/15/04 Installed by: Tim Ammons RS

Improvement Permit by: Maria H. Dotson RS date 12/7/04 Operation Permit by: Maria H. Dotson date 1/12/05

Authorization to Construct by: Maria H. Dotson RS date 12/7/04 Existing System Inspection by: ____ date ____

Repair

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