3 Hr Huddles

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87976 PIN# 4720886204 DATE March 10 2000

OWNER OR CONTRACTOR Thomas Loftin PHONE: Business _____ Home 528-6403

ADDRESS 354 Hicks Creek Rd Troutman

LOCATION Old Mt Rd St (R) to Mando (R) Hicks Creek on Right before Bridge Turn at Box 354

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3 9Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 5-8-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Conv. Pump
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12"

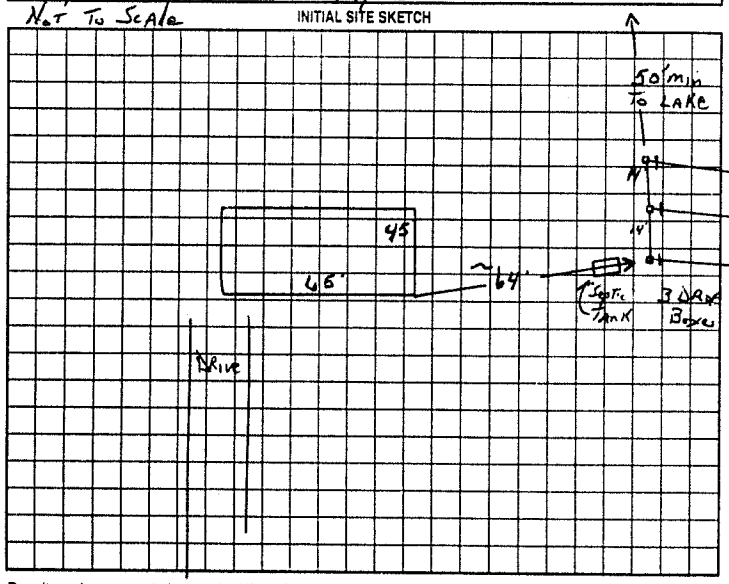
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

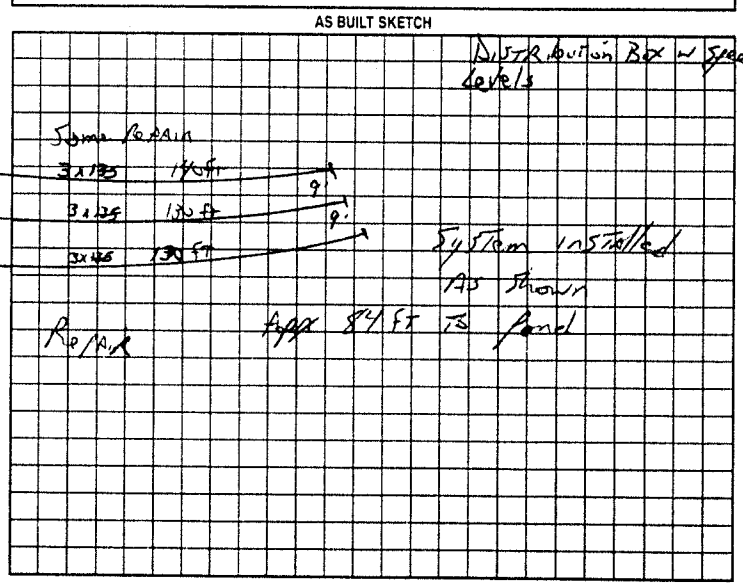
Comments/Conditions: Install on Contour
Locate well 100 ft or max feasible distance from Septic Field
Locate Septic Tank as far up hill as possible to start Septic Lines
May use distribution box w/ Speed Levels

Comments/Conditions:
As high as possible

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: Thomas Loftin date 3-10-00 Installed by: James Huddles

Improvement Permit by: J C Potter date March 10 2000 Operation Permit by: J C Potter date July 24 2000

Authorization to Construct by: J C Potter date _____ Existing System Inspection by: _____ date _____

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