IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. D70579 DATE 12-10-97 TAX MAP NO. 4720991491 Watershed: ☐ Yes ☐ No

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

ADDRESS 633 Stillwater Rd Taylorman NC

LOCATION OMR TL East Mombo TL Hicks Creek ~1mile on (R) MH need to Bristol

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 acre SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3 gpd

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 150

No Lines 2 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

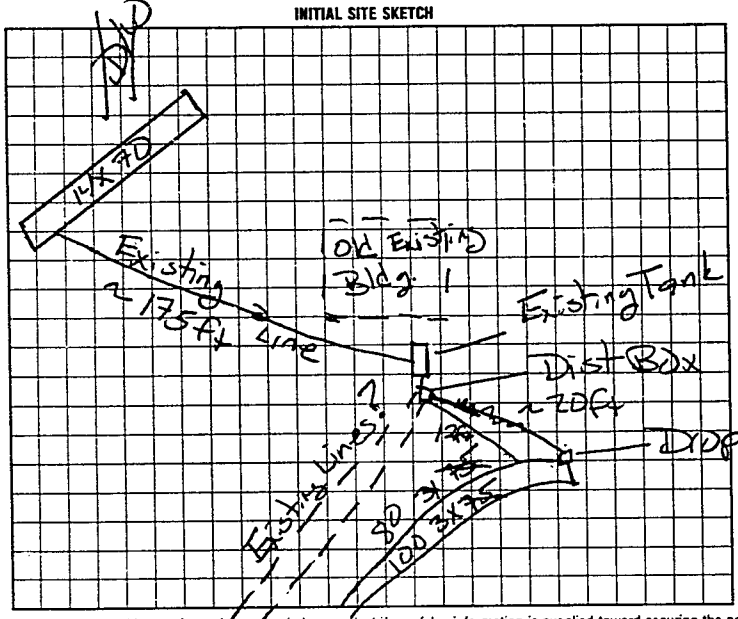
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

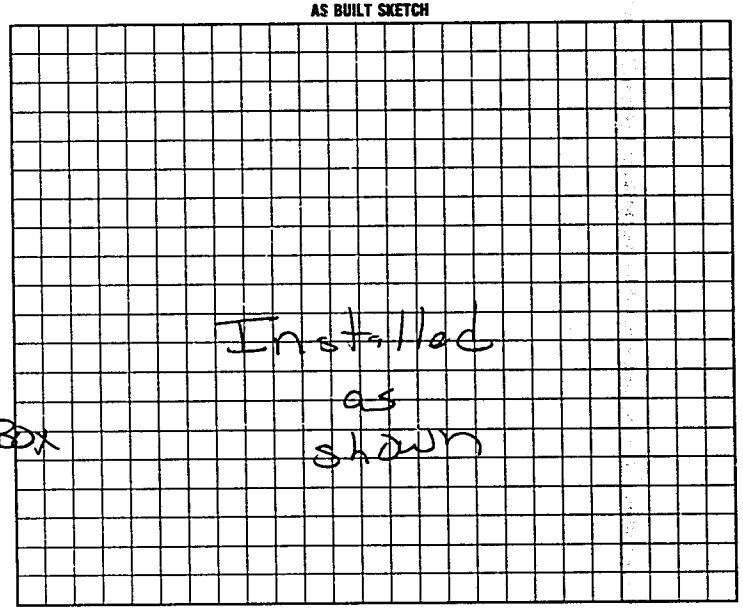
Comments (1) Check Tank - sanitary 'T' - replace if needed (2) Installed 2 (two) 75ft lines, keep lines on contour 9ft on center

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance. Authorization to construct expires 6yrs from issue date

Signed: Tom Lofton

Improvement Permit by: Mark C Oakley RS date 12-10-97

~~Existing System Inspection by:~~ _____ date _____

Authorization to Const.

Installed by: Wes Lyton

Certificate of Completion by: _____ date _____

Operation Permit by: Mark C Oakley RS date 1-14-97

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

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