McDOWELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4721 60 3066

OWNER OR CONTRACTOR Forest Lofton DATE Nov 5 99

ADDRESS _____ PHONE: Business _____ Home 523-5939

LOCATION E. Marion Rd #773

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 312 Date 9 18 99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 150
No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"

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

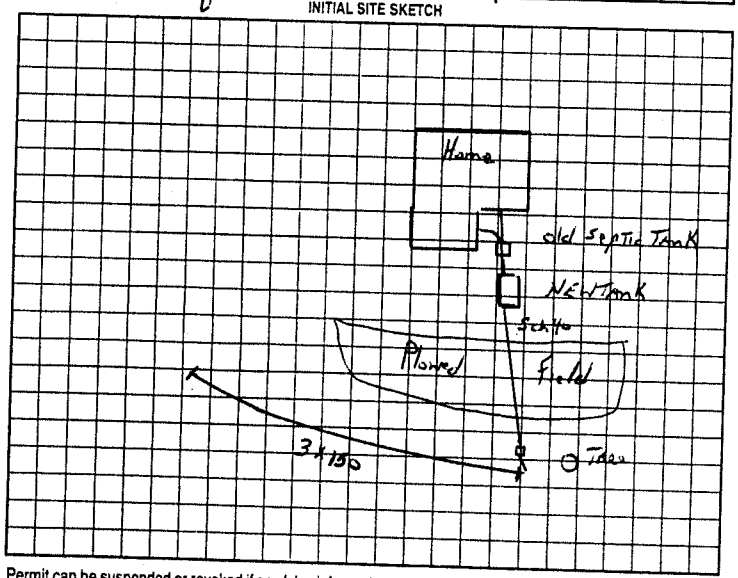
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
SPRING

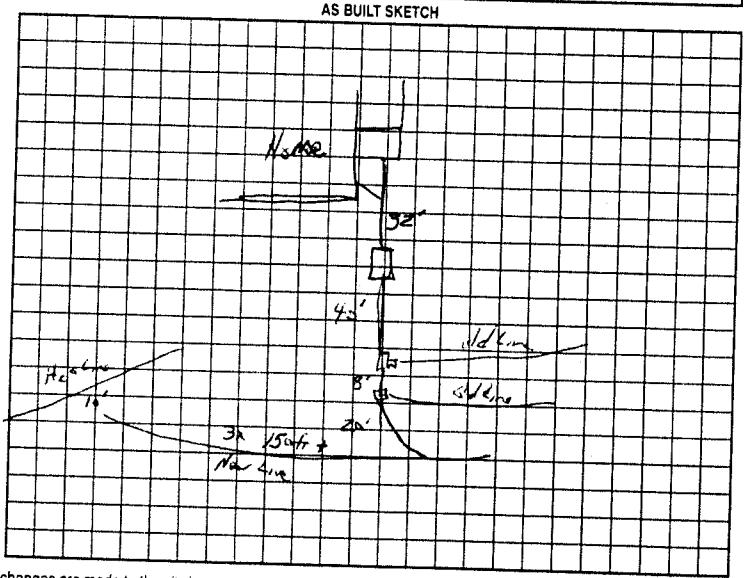
Comments:/Conditions: Pump then Crush & fill old Tank
Sch 40 To septic field should be As Deep As possible
If questions Call 928-2030

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: Forrest Lg Lofton date 11-5-99
Improvement Permit by: C Potter date 11 5 99
Authorization to Construct by: C Potter date 11 5 99

Installed by: Wes Lytaj
Operation Permit by: C Potter date Nov 30 99
Existing System Inspection by: _____ date _____

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