IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 1-29-99

PERMIT# _____ PIN# _____

OWNER OR CONTRACTOR Mike Loftin PHONE: Business _____ Home 876-4637

ADDRESS 140 Harriet Ln

LOCATION 115N TR Chipley Ferry Rd To Harriet 1/4mi Rt

SUBDIVISION Chipley Park BLOCK / SECTION _____ LOT 70 LOT AREA _____ SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 794 Date 12-29-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☑ Repair System Type: I. II. III. IV. V. VI

System Description: _____

Repair System Description: Replacing Broken S.T.

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

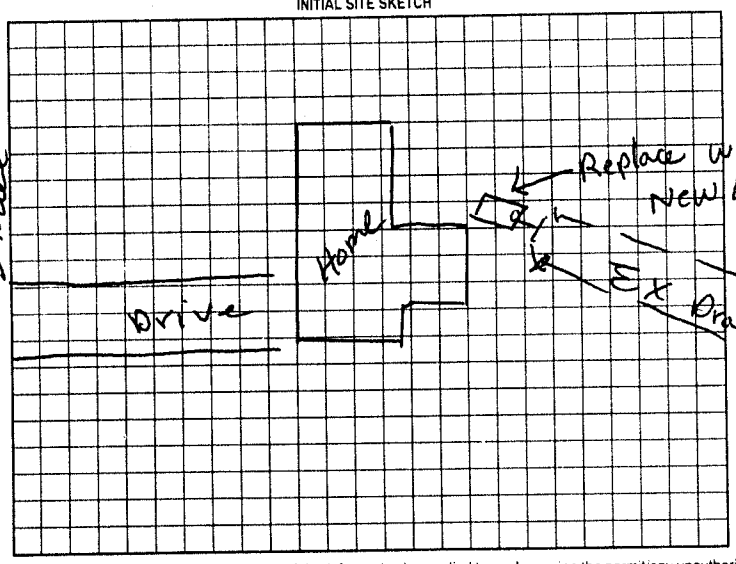
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

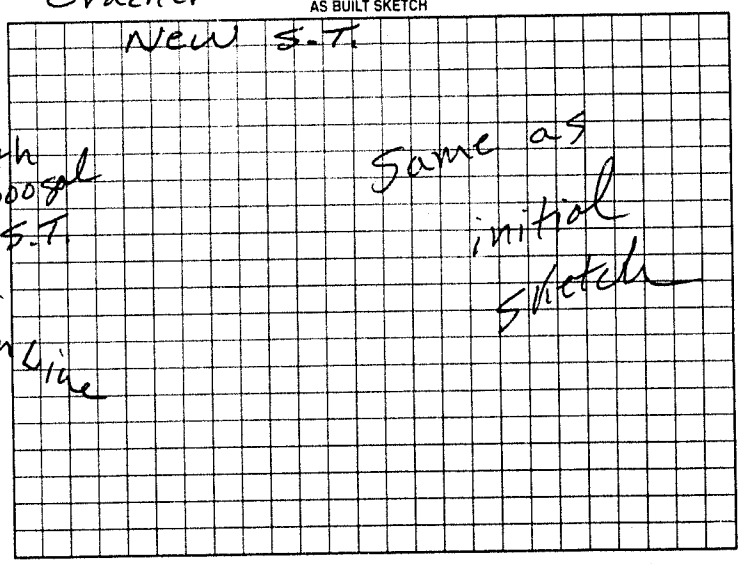
Comments/Conditions

Replacing S.T. That Top hat caved In Sites are cracked also Therefore Need

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: X Mike Loftin date _____ Installed by: WES Patton

Improvement Permit by: L.C. Moore date 1-29-99 Operation Permit by: L.C. Moore date 2-16-99

Authorization to Construct by: L.C. Moore date 1-29-99 Existing System Inspection by: _____ date _____

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