IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 10-15-98

OWNER OR CONTRACTOR Robert Lofland PHONE: Business 873 4921 Home _____

ADDRESS 306 S Amity Hill Rd Sta N.C.

LOCATION I-77N TL Amity Hill Rd on Rt 6 before Bridge

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA average SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .13

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 240 Linear Feet 80

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

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Cut Drain Lines 15' Grom Proposed Road Cut

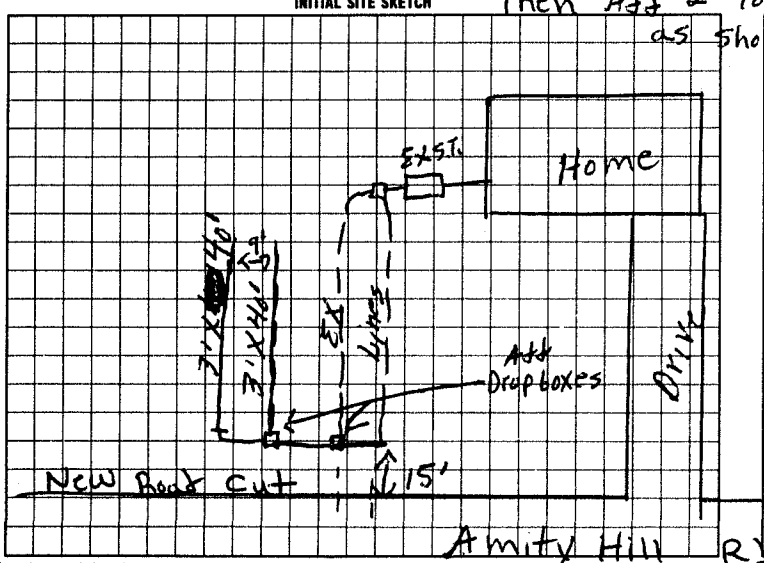
Comments:/Conditions:

Installed New T

lost ~ 10Ft of existing line

INITIAL SITE SKETCH

Then Add 2-40' lines as shown



AS BUILT SKETCH

Installed as shown

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 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: R.H. Lofland date _____ Installed by: Wes Lytton

Improvement Permit by: R.C. Moore date 10-15-98 Operation Permit by: Mary Cox 125 date 5-17-99

Authorization to Construct by: R.C. Moore date 10-15-98 Existing System Inspection by: _____ date _____

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