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. 22111 DATE 9-15-95 TAX MAP NO. 8T-A-36 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Roger Duke PHONE: Business _____ Home 873-7514

ADDRESS 257 Lippard Farm Rd. Statesville NC. 28677

LOCATION I-40W TR Oak Mtn. Rd TR Island Ford Rd. TL Lippard Farm Rd. TL Duke Farm Rd lot on R. Facing Lippard.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 16.5 acres SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No. Inspection

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: Existing System

Repair System Description: Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

Water Supply:
☐ Individual
☐ Community
☑ Public

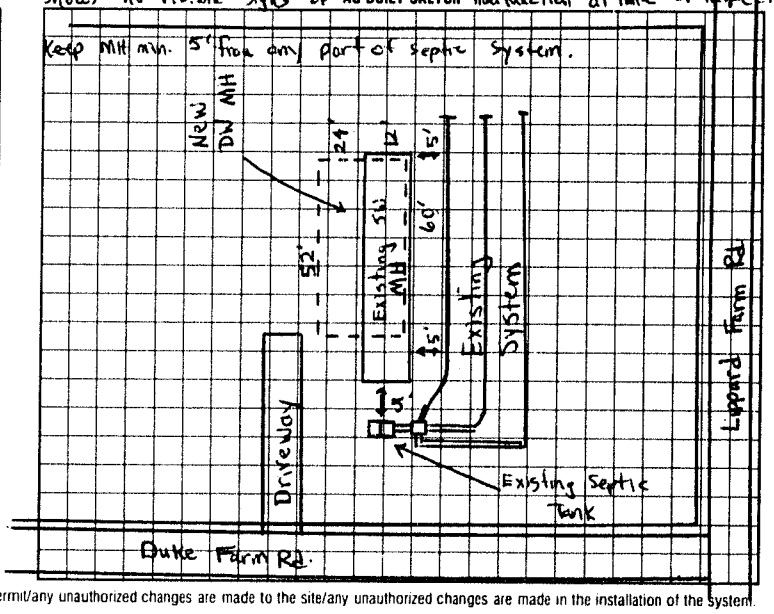
Comments:

Comments: Moving off 2 Bedroom SW MH. Moving on 2 Bedroom DW MH. DW is a three bedroom but a closet is to be removed from one bed room and made into a sewing room. It should not be used as a bedroom. System shows no visible signs of malfunction at time of inspection.

INITIAL SITE SKETCH

* Inspect DW to assure that closet has been removed before issuing Final Inspection.

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael J Dennis date 9-15-95

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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