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. 25394 DATE 1-17-97 TAX MAP NO. 4704594888 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Roger Duke Jr. PHONE: Business _____ Home 872-6445

ADDRESS 269 L. Lippard Fairfield

LOCATION Old Mt TR Island Fairfield Rd TL Lippard Farm Rd 1 mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 100 x 200 SITE CLASS 0/5 DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 5 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

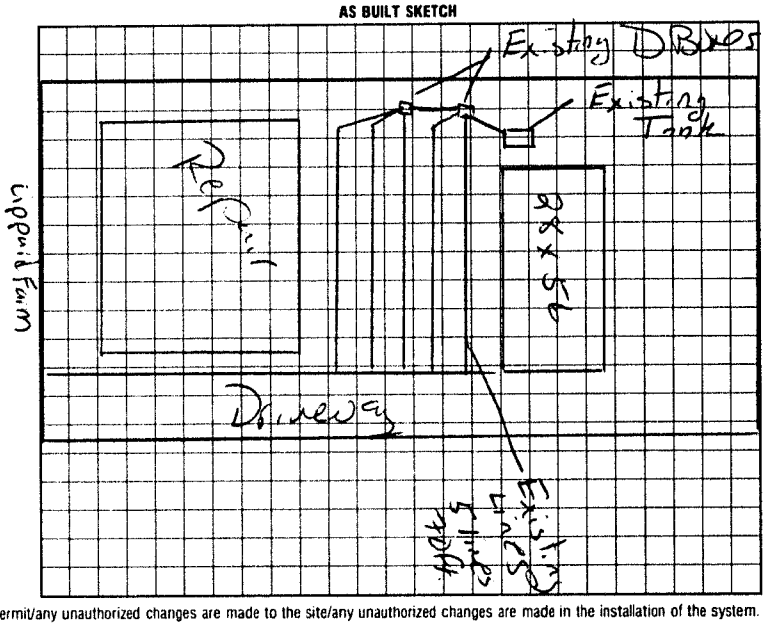
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments: Replacing 2Bd → 3Bd System sized for 3Bd.

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.

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: M Mays COATES date 1-17-97 Operation Permit by: _____ date _____

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