Existing System

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88645 PIN# 4704782865 DATE APR. 11 2000

OWNER OR CONTRACTOR LoRene Deal Bost PHONE: Business _____ Home _____

ADDRESS 178 Lippard Farm Rd Statesville, NC

LOCATION I40 W (R) Old mtn Rd (R) Tolpard Rd (L) Lippard Farm on Right Just past ODell Garage

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA 42.0 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existing 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 600 Linear Feet 200'

No Lines 2 + Bed Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: GRAVITY Conv.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home SW No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

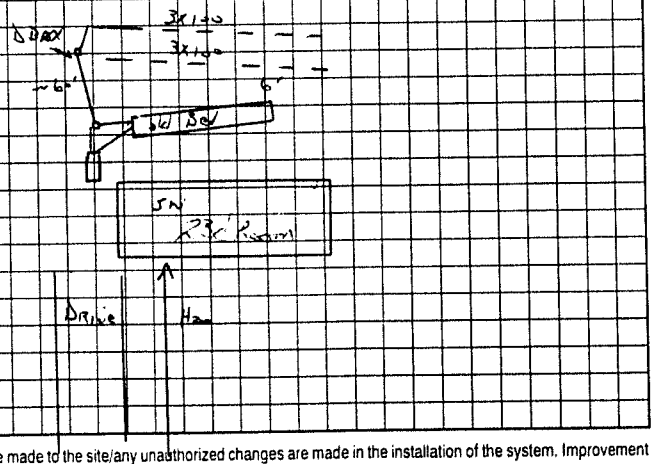
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: System Repaired in '94 2-100ft Lines Added under Michael Borders orginal permit E Charles Eugene Bost in the 70's 94 permit lists 3 Bd Rm Home

Comments/Conditions: No Sign of system Failure AT this Time. System ~~was~~ UNUSED For Ave 2 years

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: J. Potter date APR. 11 2000

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