**IREDELL COUNTY HEALTH DEPARTMENT** STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

**IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION**

OPERTY DESCRIPTION NO. Repair DATE 2-24-94 TAX MAP NO. Repair Watershed: ☐ Yes ☐ No

WNER OR CONTRACTOR Michael Borders PHONE: Business Home 839-

DDRESS Rt. 1 Box 25 Lippard Farm Rd. Statesville, N.C. 28677

OCATION I-40 W JR Old Mtn. Rd TR Island Ford Rd. TL Lippard Farm Rd. 1st DWMH on R past Odells Garage

UBDIVISION NA BLOCK / SECTION — LOT — LOT AREA — SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Repair

Septic Tank: Existing Gallons STB — Date —
Pump Tank: — Gallons P — Date —
Pump Make: — Model — Serial No —
Verification Field: No. Fields 2 Square Feet 600 Linear Feet 200'
No. Lines 2 Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth 12"

☐ New System ☑ Repair System Type: ☐ II ☐ III ☐ IV ☐ V
System Description: Conventional, gravity fed
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

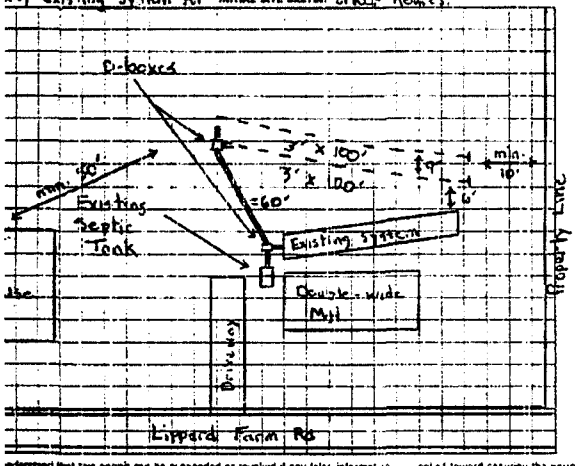
☐ Slab ☑ Crawl Space Basement w/plumbing ☐ Basement w/o plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments: INSTALL SYSTEM SHALLOW (No deeper than 30" to trench bottom.) Install lines and trenches on contour. Keep repair 6' from existing system, 10' from all property lines, and min 50' from well. Also keep system 20' from any existing system for INITIAL SITE SKETCH: other homes.

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

SAME AS INITIAL 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

Installed by: Donald Lackey

Improvement Permit by: Michael Borders date 2-24-94

Certificate of Completion by: Michael Borders date 3-9-94

Existing System Inspection by: date

Operation Permit by: date

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

JAN. 1, 1989 0:10