IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79058 PIN# 4704-69-4299 DATE 1-22-99

OWNER OR CONTRACTOR Pete Floyd PHONE: Business _____ Home 8380308

ADDRESS 230 Lippard Fm Rd

LOCATION I-40 W TR OMR TR Island Ford TL Lippard Fm Rd 1/2 mi Rt.

SUBDIVISION Lippart Fm BLOCK / SECTION _____ LOT 3 LOT AREA .46 acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. _____

Septic Tank: _____ Gallons: STB ~~Sherrill Faw~~ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140

No Lines 2 Trench Width 72" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description _____

Maintenance Agreement Required: ☐ Yes ☐ No

✓ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ✓ Public ☐ Community

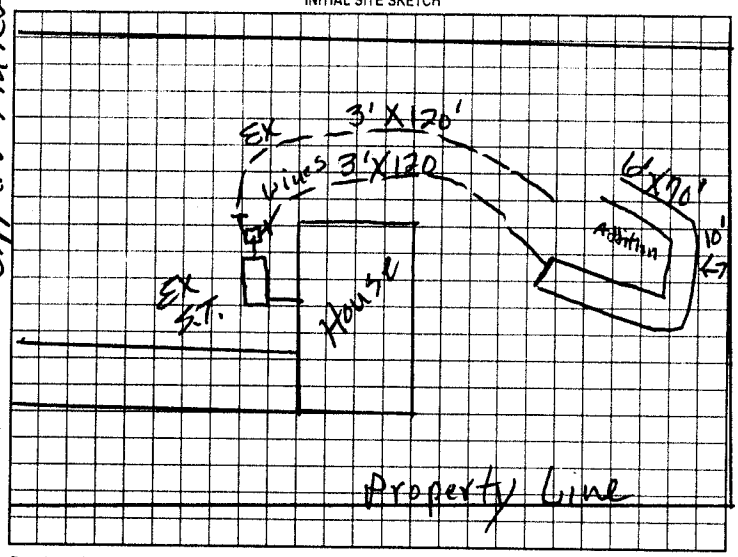
Comments/Conditions:

Adding 4th bedroom Need above amount of drain line to bring up to standards

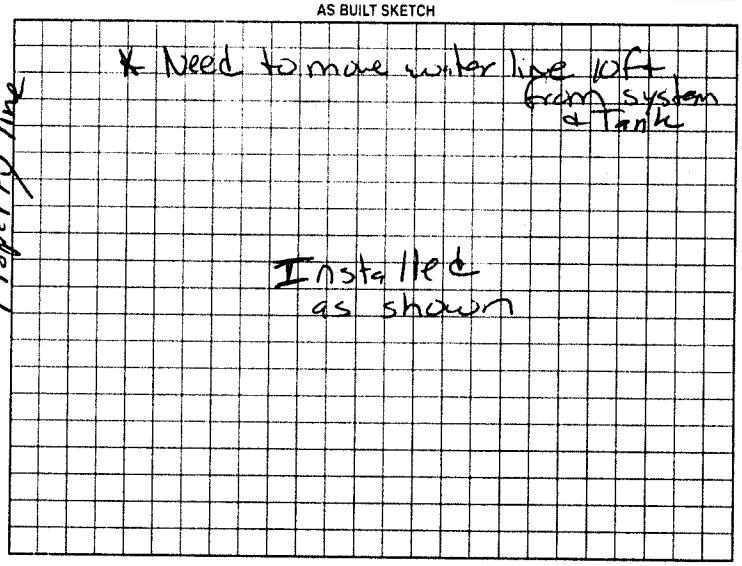
Comments/Conditions

original System Installed under Sherrill Faw Name 10-5-82

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: [signature] date 1-26-99

Improvement Permit by: P.C. Moore date 1-22-99

Authorization to Construct by: P.C. Moore date 1-22-99

Installed by: George's Landscaping & Backhoe service

Operation Permit by: [signature] RS date 3-5-99

Existing System Inspection by: _____ date _____

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