IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 72108 PIN# 4705 61 7115 DATE 3-5-98

OWNER OR CONTRACTOR DRU BURGIN PHONE: Business _____ Home 878-9255

ADDRESS PO BOX 5403 Statesville, N.C.

LOCATION [redacted] 64 West TL Lippart Fm Rd 1.1 mi TL Homeplace Rd 1/8 mi L

SUBDIVISION Leon Gray Property BLOCK / SECTION _____ LOT 3 LOT AREA 2.6 acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 312 Date 6-17-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

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

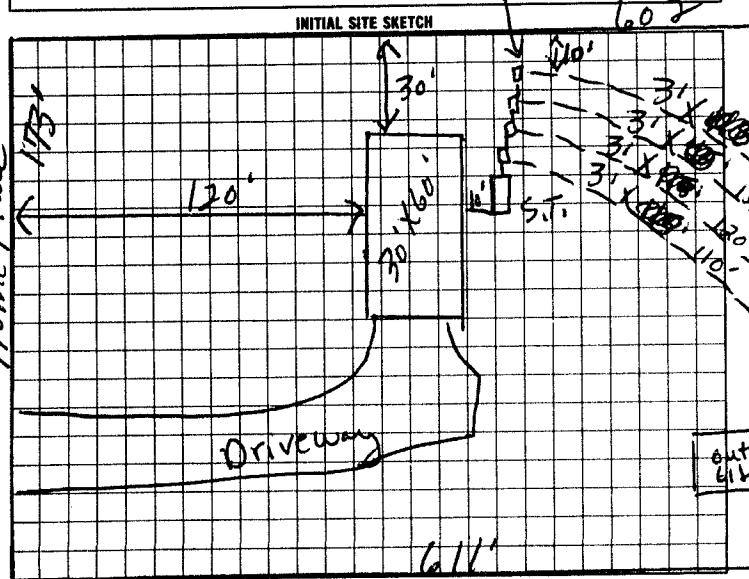
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

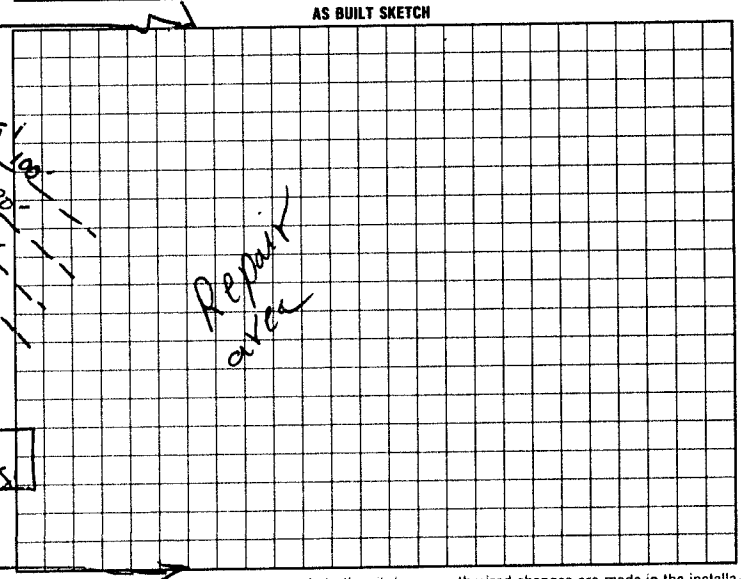
Comments:/Conditions: ① WENT OUT & CHANGED LINE LENGTHS ON 7-24-01 TO FIT LOENE

2ABCL FILTER - INSTALLED AS SHOWN

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 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: X _____ date _____ Installed by: LARRY GEAM

Improvement Permit by: J.C. Moore date 3-5-98 Operation Permit by: _____ date 7-26-01

Authorization to Construct by: J.C. Moore date 3-5-98 Existing System Inspection by: _____ date _____

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