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. 20582 DATE 3-27-95 TAX MAP NO. 8T-A-30 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Charles D. Eller PHONE: Business _____ Home 873-1784

ADDRESS 450 Lippard Farm Rd. Statesville, N.C. 28677

LOCATION I40W TR Hwy 90 TL Lippard Farm Rd. 1st House on Left past Tabernacle Bapt Church.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 6 acres SITE CLASS. Existing DESIGN FLOW Existing L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No Inspection

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

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

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

System Description: Existing System

Repair System Description: Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☑ Other Shop.

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

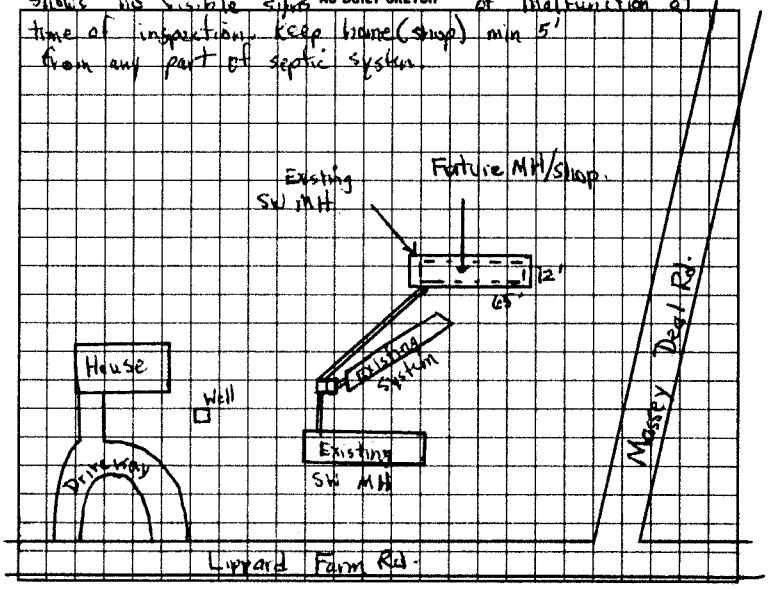
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments: Moving off 2 Bedroom SW MH, Moving in its place a shelled out SW MH for use as shop. SW (shop) MH to be placed on lot not to be used for dwelling. 2 structures on 1 septic system. System 4 deep to probe. Shows no visible signs of malfunction at time of inspection. Keep home (shop) min 5' from any part of septic system.

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: Michael J Dennis date 3-27-95 Operation Permit by: _____ date _____

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