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. 21612 DATE 8-3-95 TAX MAP NO 9C-1-A-5 Watershed: [ ] Yes [X] No

OWNER OR CONTRACTOR Gloria Burke PHONE: Business _____ Home 872-3313

ADDRESS 589 Lippard Farm Rd. Statesville, N.C. 28677

LOCATION I40 W TR Hwy 90 TL Lippard Farm Rd TR Happy Lane 5th Lot on R

SUBDIVISION Happy Acres BLOCK / SECTION — LOT 5 LOT AREA ±100' x 180' SITE CLASS Existing DESIGN FLOW 240 L.T.A. 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 _____

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

System Description: Existing System

Repair System Description: Inspection

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 2

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Gravel Depth _____

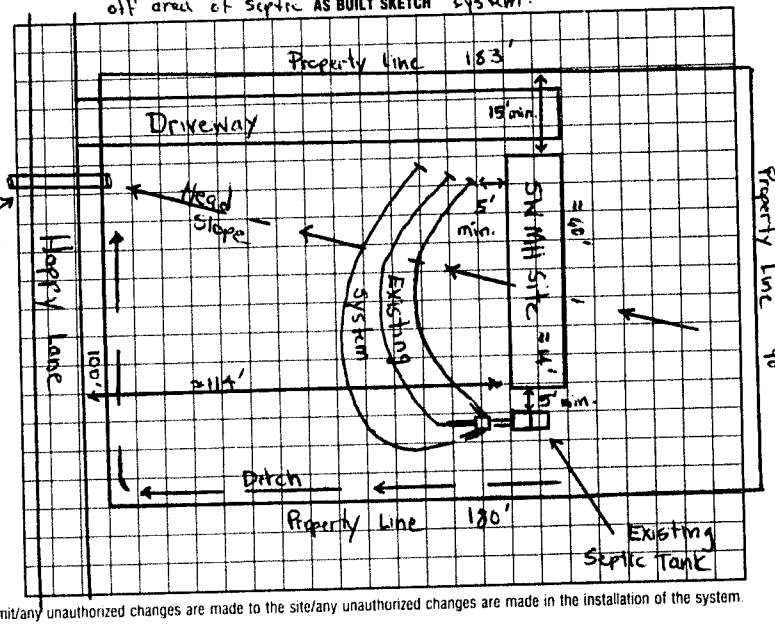
Water Supply: [ ] Individual [ ] Community [X] Public

Comments:

Comments: Lot vacant for extended period of time. System shows no visible signs of malfunction at time of inspection. Keep home foundation min. 5' from any part of septic system. Keep water line 10' from any part of septic system. Keep driveway off area 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.

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: [signature] date 8-3-95 Operation Permit by: _____ date _____

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