# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078288 PIN# 4705 76 7989 DATE 12-29-98

OWNER OR CONTRACTOR SUYLYN FRALEY PHONE: Business _____ Home 872-0286

ADDRESS 595 LIPPARD FARM ROAD, STATESVILLE, NC 28625

LOCATION US 64 E, TL LIPPARD FARM RD, TL BEFORE THIRD CREEK, BACK OFF ROAD.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 05.21 Acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 799 Date 9 4 98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

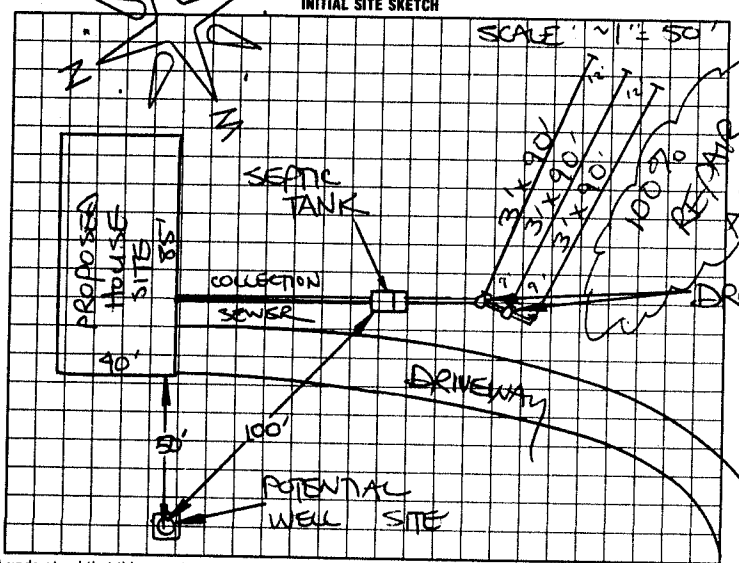
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

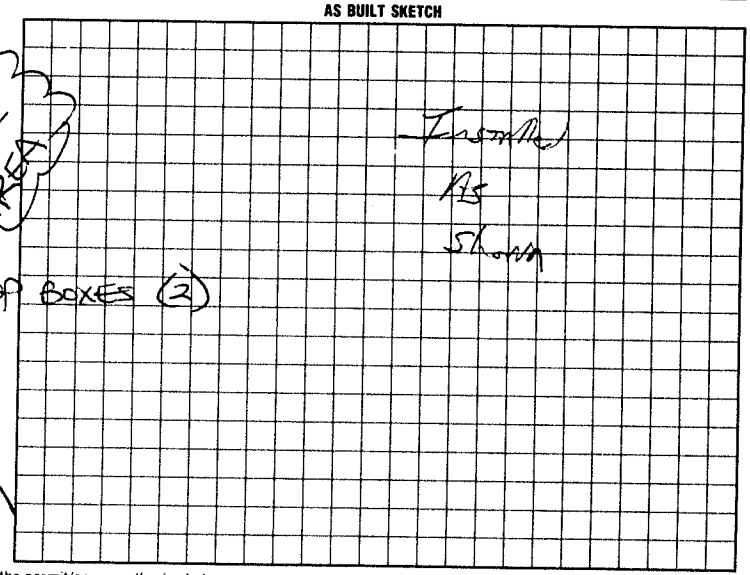
W E S

INITIAL SITE SKETCH




Comments:/Conditions:

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: J Q Burn Fraley date 12-29-98

Improvement Permit by: STEVE HEDRICK date 12-29-98

Authorization to Construct by: STEVE HEDRICK date 12-29-98

Installed by: Jack Kay Hauling Grading

Operation Permit by: _____ date OCT 25 99

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