IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118733 PIN# 4706-77-2444 DATE 3/16/04

OWNER OR CONTRACTOR Danny Lippard Construction LLC PHONE: Business (704) 902-4918 Home —

ADDRESS P.O. Box 629 Statesville NC 28687

LOCATION Hwy 90 West, (R) Antietam Rd (R) Congo (R) John Adams Lane ~ 3/10 mile on Right before end.

SUBDIVISION Oak Hill BLOCK / SECTION — LOT 5 LOT AREA .96 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 1012 Date 3-9-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Kate 1440 Linear Feet 360
No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump Gravity, 30% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other _____

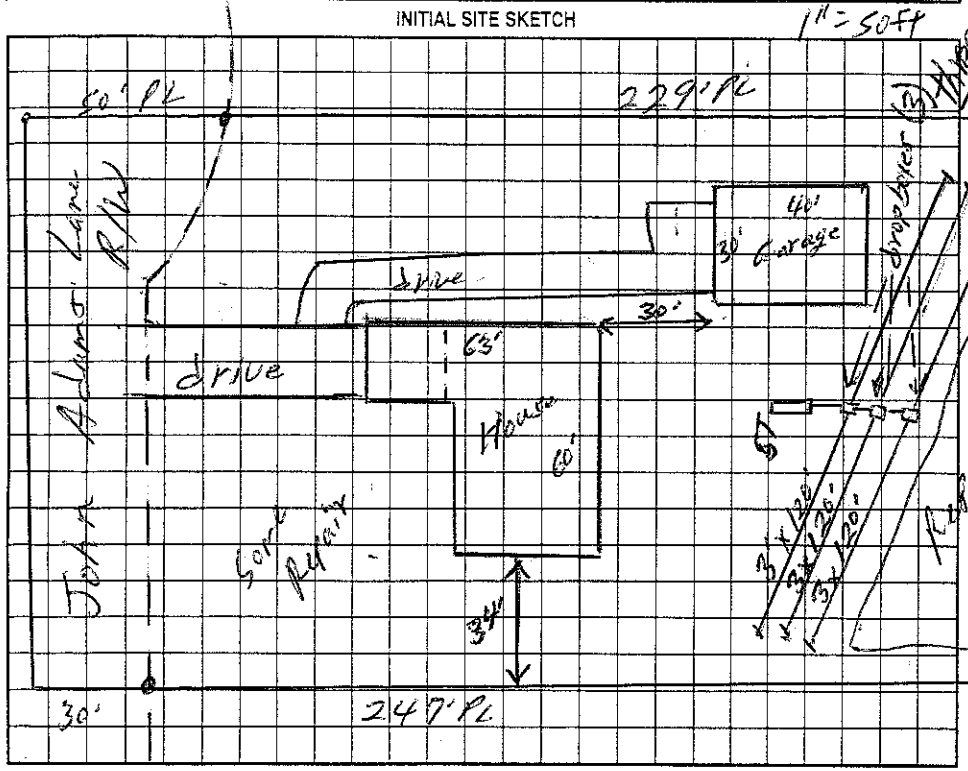
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Install lines on contour

Comments:/Conditions: Tuff-Tite Filter + 8" Risers Installed
-58 Infiltrator Chambers Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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: _____ date 3-19-04 Installed by: David Yount

Improvement Permit by: William O. Johnson date 3/16/04 Operation Permit by: William O. Johnson date 8/6/04

Authorization to Construct by: William O. Johnson date 3/16/04 Existing System Inspection by: _____ date _____

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