IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 72019 PIN# 4713609230 DATE 2-20-98

OWNER OR CONTRACTOR Michael Warren PHONE: Business _____ Home 872 3415

ADDRESS 260 Lippard Farm Rd

LOCATION old mtn Road Turn pleasant Drive 1/2 mi rt

SUBDIVISION Warren Est. BLOCK / SECTION _____ LOT _____ LOT AREA 5 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-5-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

400' +

35'

INITIAL SITE SKETCH

Dist box with leveler's

5 S.T.

House

85'

100'

Drive

Well

400' +

Street 300'

Comments:/Conditions:

AS BUILT SKETCH

Repair area

Installed as shown

3' X 133'

3' X 133'

3' X 133'

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 S Banks Brown date _____ Installed by: David Yountz

Improvement Permit by: P.C. Moore date 2-20-98 Operation Permit by: May Conf. Ltr date 7-9-98

Authorization to Construct by: P.C. Moore date 2-20-98 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