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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Keith Carroll DATE 5-7-93 PERMIT NO. 6L-6-A

PHONE: Business _____ Home _____

LOCATION I40 W TL Old Mtn. Rd. TL Lippard Springs TR 1st Rd on Rd. 4th Lot on R. S.R. No. _____

SUBDIVISION NAME Lippard Springs LOT NO. ~~16~~ 17 per Gladys SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .7 acre

Soil Characteristics P.S. Clay

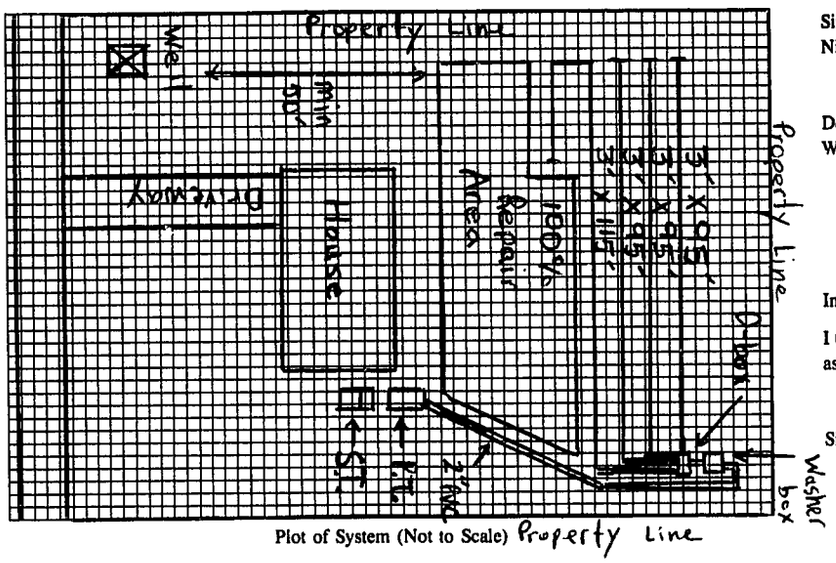
Application Rate .3 gal/day/ft²

Topography 2-6 1/2 %

Depth to Water Table >4'

Rock or other impervious formations NA

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale) Property Line

Size of Tank 1000 (3-1-93) Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

1000 gal Pump Tank (3-5-93)

Installed by F.J. Ervin

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY J.C. Moore

COMMENTS Pump system. Alarm Located in carport. 50gpm at 20TDH.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 5-7-93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold