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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Keith Carroll DATE 4-12-93 PERMIT NO. 6C-6-A-18

PHONE: Business _____ Home _____

LOCATION Lippard Springs S/D off old Mtn. Rd.

S.R. No. _____

SUBDIVISION NAME Lippard Springs S/D. LOT NO. 29 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 .67 acre

Soil Characteristics P.S. Clay

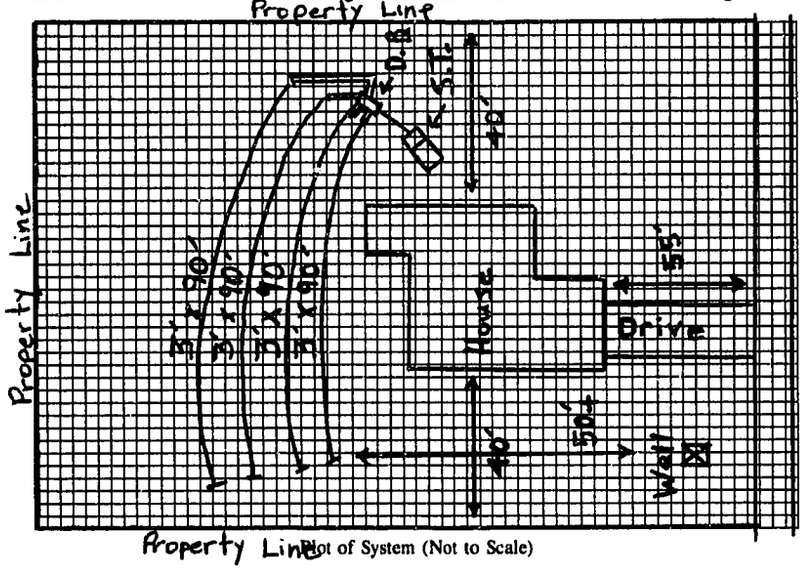
Application Rate .34 gpd/ft²

Topography 2-6%

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)

Size of Tank 1000 (3-4-93) Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

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 Top two drain lines were installed and left open during a rain. They were not holding water at time of inspection but has been. Fed all lines equal out of D-box.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 4-12-93

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