IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15990 DATE 7-2-93 TAX MAP NO. 6C-6-A-27

OWNER OR CONTRACTOR Keith Carroll PHONE: Business _____ Home _____

ADDRESS _____

LOCATION I-40W TL Old Mt. Rd TL Lippard Springs (Rumple Rd.) 6th Lot on L

SUBDIVISION Lippard Springs BLOCK / SECTION _____ LOT 38 LOT AREA 125' x 200' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: 1000 Gallons: STB 358 Date 3-22-93

Pump Tank: — Gallons: PT — Date _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 4 Trench Width 36 Trench Depth 36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: PPBPS, partial/pump

Maintenance Agreement Required: ☐ Yes ☑ No but required for repair

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

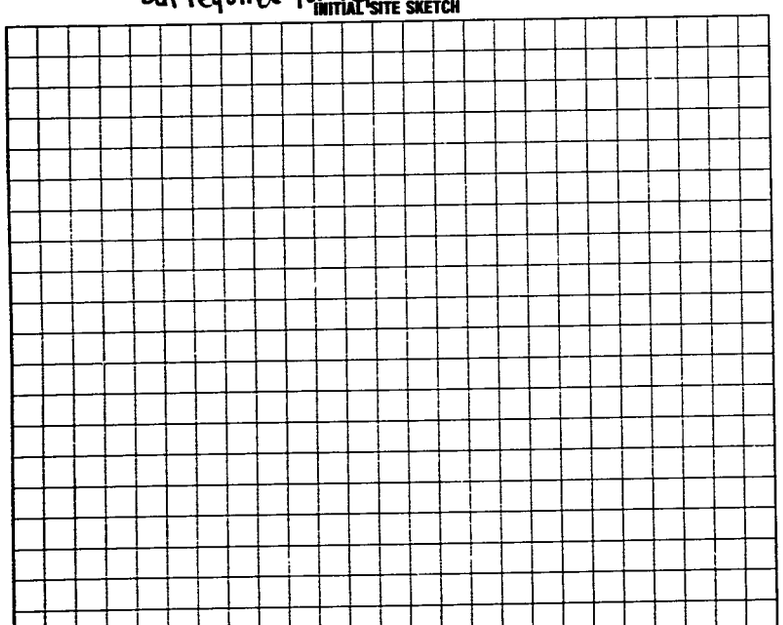
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

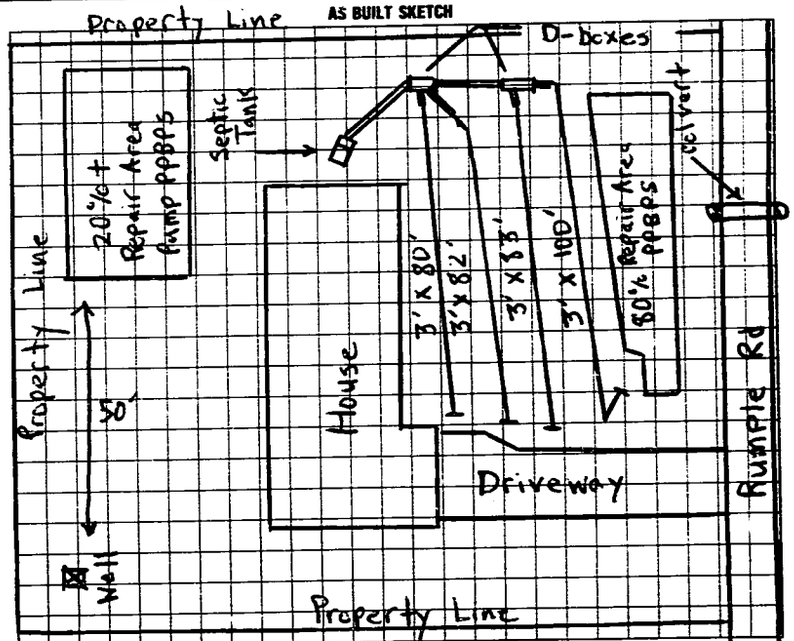
Other _____

Comments Placement of house changed from when permitted. House moved closer to front property line, and to the right of lot. 80% Repair Area below system, 20%± Repair Area above system (Pump). All Repairs PPBPS.

INITIAL SITE SKETCH



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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Michael J. Dennis date 7-2-93

Existing System Inspection by: _____ date _____

Installed by: F.J. Irvin

Certificate of Completion by: Michael J. Dennis date 7-2-93

Operation Permit by: _____ date _____

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