IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091890 PIN# 4722573616

OWNER OR CONTRACTOR Robert Ieby PHONE: Business Home DATE October 2, 2000

ADDRESS 1081 Old Mtn. Rd. Statesville

LOCATION Old Mtn. Road Turn on Rumple Hill on left

SUBDIVISION Lippard Springs BLOCK / SECTION 3 LOT 40 LOT AREA .65ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. No 35

Septic Tank: 1000 Gallons; STB 1012 Date 4-20-01

Pump Tank: 1000 Gallons; PT 17 Date 11-27-2000

Pump Make: Goulds ½HP Model VHOX11H Serial No. 6014304G

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

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

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

System Description: PM - Conventional

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

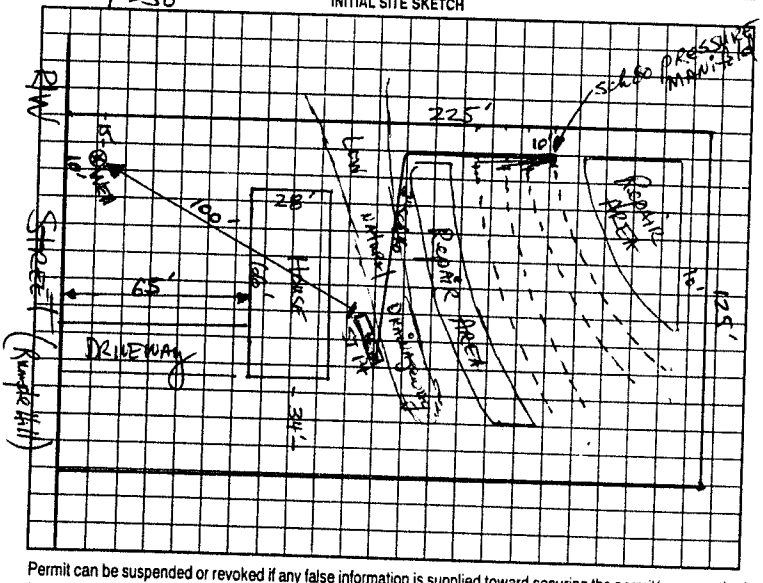
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: POLYLOK FILTER & MARKER
CHECKED LINE 1&2 GOT TANK INFO 8-16-01 (LC)
EVERYTHING V'D OK NEEDS ELECTRICAL (LC) 8-17-01

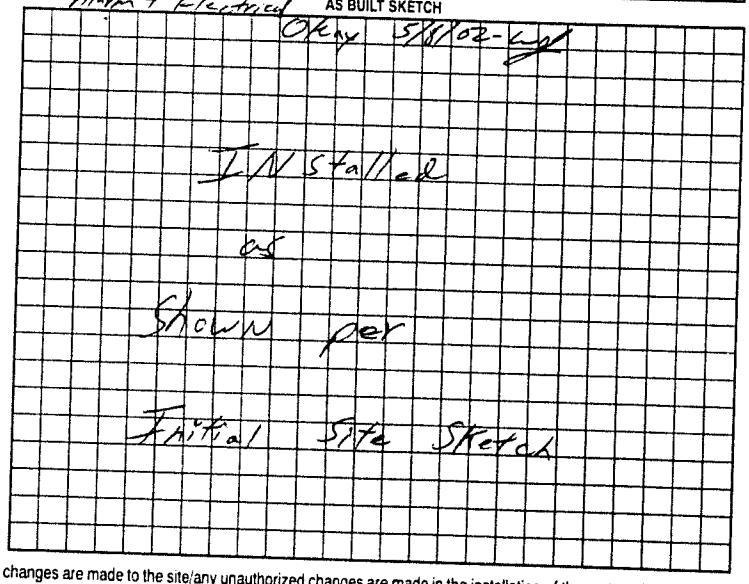
1"=50'

INITIAL SITE SKETCH



Alarm + Electrical

AS BUILT 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: Robert Ieby

Improvement Permit by: date

Authorization to Construct by: date 10-2-00

Installed by: STEVE JORDAN

Operation Permit by: William G Johnson date 5/8/2002

Existing System Inspection by: date

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