IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 50528

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

PROPERTY DESCRIPTION NO. 17730 DATE 2-1-94 TAX MAP NO. 6C-B-40 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR David L. Sharp PHONE: Business _____ Home 528-3567

ADDRESS Rt. 14 Box 259-5 Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd. TL Rumple Dr. (Lippard Springs) Lot on R 3.75 miles. (In Phase III)

SUBDIVISION Lippard Springs BLOCK / SECTION III LOT 69 LOT AREA 175' x 200' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 min. Gallons; STB 794 Date 5-6-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional, gravity fed
Repair System Description: " "
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

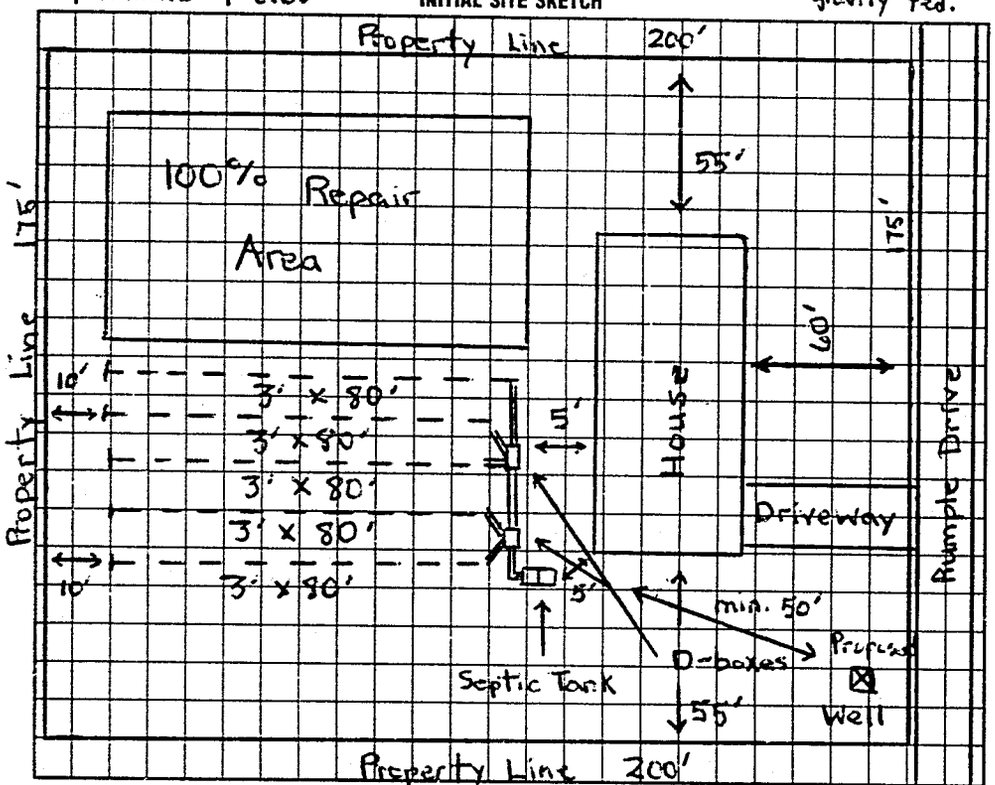
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep Nitrification Trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 50' from well. 100% Repair Area below system, conventional, gravity fed.

Keep trenches 9' o.c.

Comments: Checked 1st 2 Drain lines and tank - 6-23-94
Checked last 3 lines 6-24-94. Also checked boxes. 6-24-94.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: David L. Sharp

Improvement Permit by: Michael J. Dennis date 2-1-94

Existing System Inspection by: _____ date _____

Installed by: Sipe Landscape and Design.

Certificate of Completion by: Michael J. Dennis date 6-24-94

Operation Permit by: _____ date _____

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