Hollis GRAVES

46767

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. 16000 DATE 7-12-93 4722-57-6062 TAX MAP NO. 6C-6-H-19

OWNER OR CONTRACTOR Kenneth Dean (Gutierrez) PHONE: Business _____ Home 528-3524

ADDRESS _____

LOCATION Itow TL Old Mtn Rd TL Rumple Dr. (Lippard Springs S/D) TR St. Martins Lane, 2nd Lot on L

SUBDIVISION Lippard Springs BLOCK / SECTION _____ LOT 30 LOT AREA _____ SITE CLASS P.S. L.T.A.R. .35 gpd/ft2

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: 1000 Gallons; STB 358 Date 3-24-93

Pump Tank: 1000 Gallons; PT 1103 Date 5-7-93

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 175'

No Lines 3 Trench Width 24" Trench Depth 36" ~~Gravel~~ Sand Depth 6"

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

System Description: Pump to PPBPS

Repair System Description: same

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees –

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

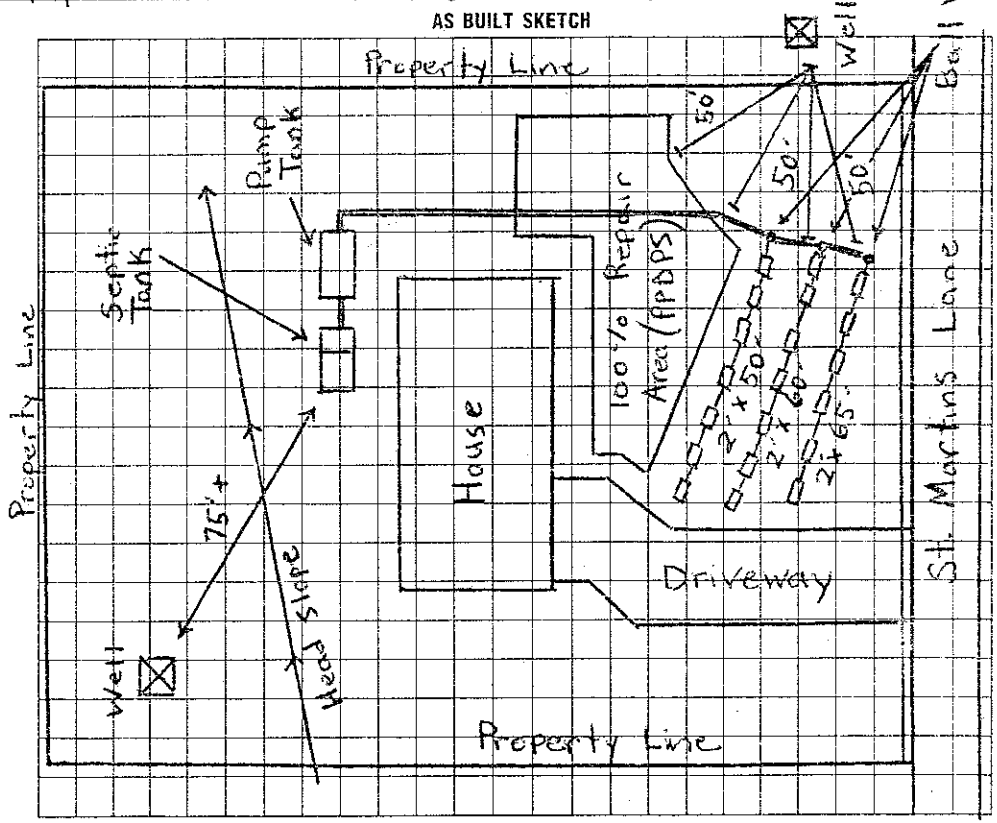
Other _____

Comments Bonus room not to be used as a bedroom. 40 panels installed, Only one ft of head pressure achieved, installer used two holes in panels instead of only one. 100% Repair Area below system. Pump to PPBPS. (system ok., still need to inspect alarm and float switches 7-12-93)

INITIAL SITE SKETCH

NOTE: PUMP TANK RISER/MANHOLE MUST REMAIN 6" ABOVE FINISHED GRADE

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 G. Dennis date 3-29-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK / MIKE DENNIS date 8/5/93

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