IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 58933

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

PROPERTY DESCRIPTION NO. 21344 DATE 6-23-95 TAX MAP NO. 6C-6-A-67 Watershed: ☐ Yes ☑ No

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

ADDRESS 168 Buck Creek Lane Statesville N.C. 28677

LOCATION I-40W TL Old Mtn. Rd TL Hippard Springs (Rumple Hill) TR Stone Field Dr. Lot on R. (1st Lot)

SUBDIVISION Hippard Springs BLOCK / SECTION 3 LOT 67 LOT AREA .821 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .25 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 (TP) Date 2/16/96

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'

No Lines 4 Trench Width 36" Trench Bottom Depth 36" 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 3

☐ Business No. Employees —

☐ Other

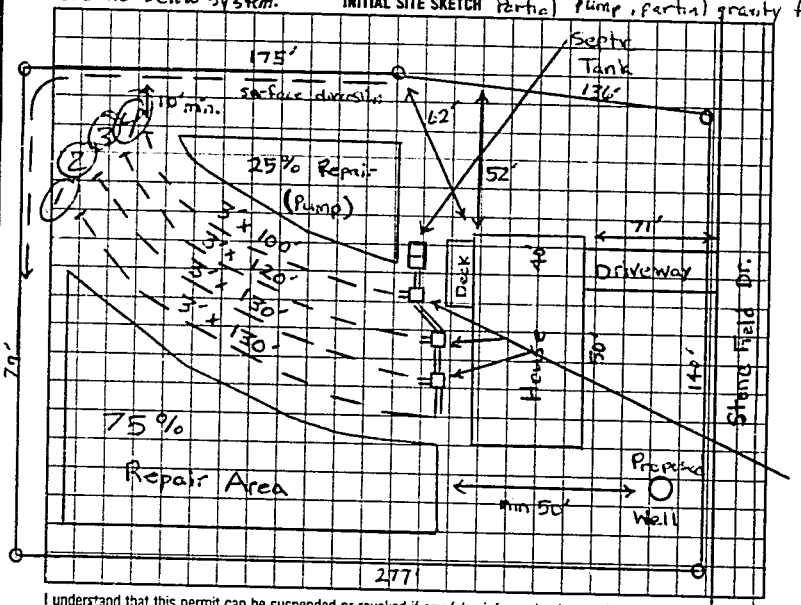
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

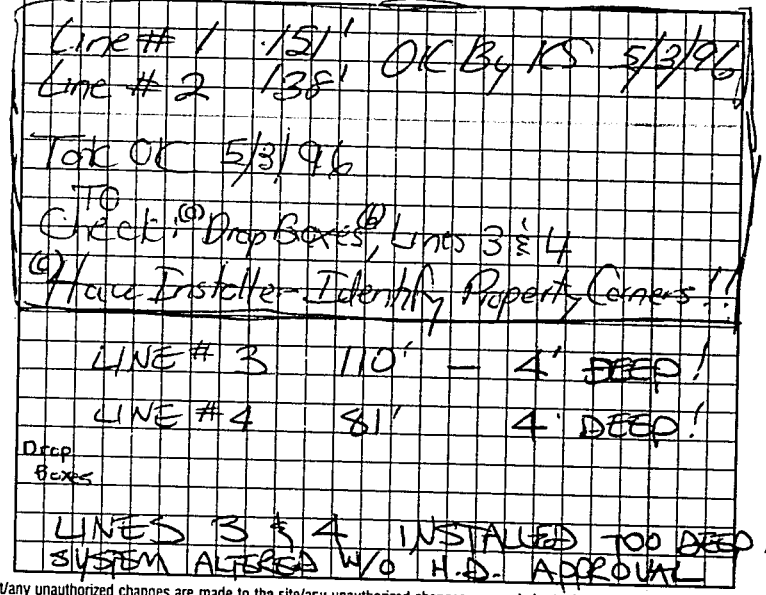
Comments: Install system 36" to trench bottom from ground level. Keep lines and trenches in contour. Keep system min 5' from foundation of home, 10' from any property line, and max. feasible distance from any well and no closer than 50'. 100% Repair Area above and below system.

Comments:

INITIAL SITE SKETCH Partial pump, partial gravity fed (conventional)



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: Judy Sharp

Improvement Permit by: Michael W. Dennis date 6-23-95

Existing System Inspection by: _____ date _____

Installed by: DAVID SHARPE

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HENDRICK date 5/6/96

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