IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 53069

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

PROPERTY DESCRIPTION NO. 19364 DATE 9-19-94 TAX MAP NO. 6C-6-A-44 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Bobby C. Murdock & Danny Ervin PHONE: Business _____ Home 528-3567

ADDRESS P.O. Box 185 Troutman, N.C. 28166

LOCATION I-40W TL OH Mtn. Rd. TL Lippard Springs Lot in New Section on L

SUBDIVISION Lippard Springs BLOCK / SECTION 3 LOT 44 LOT AREA .646 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 11-9-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

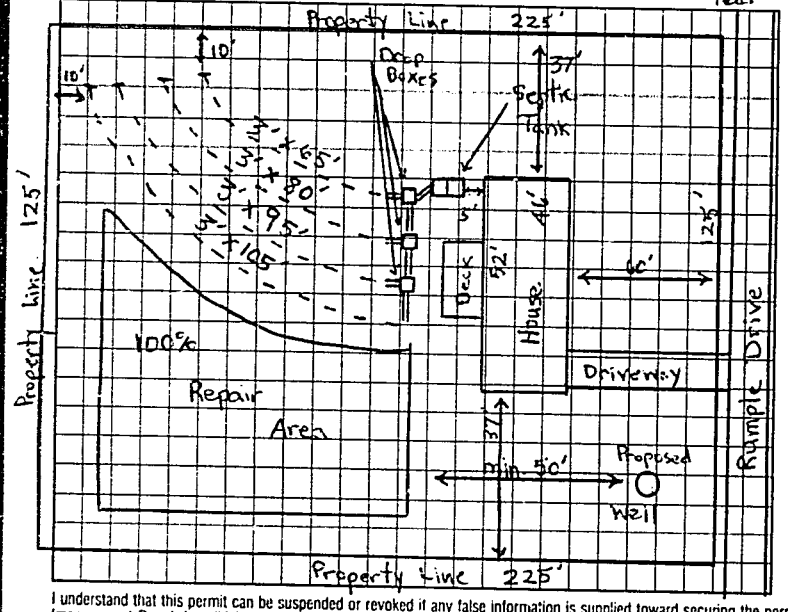
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other ___
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

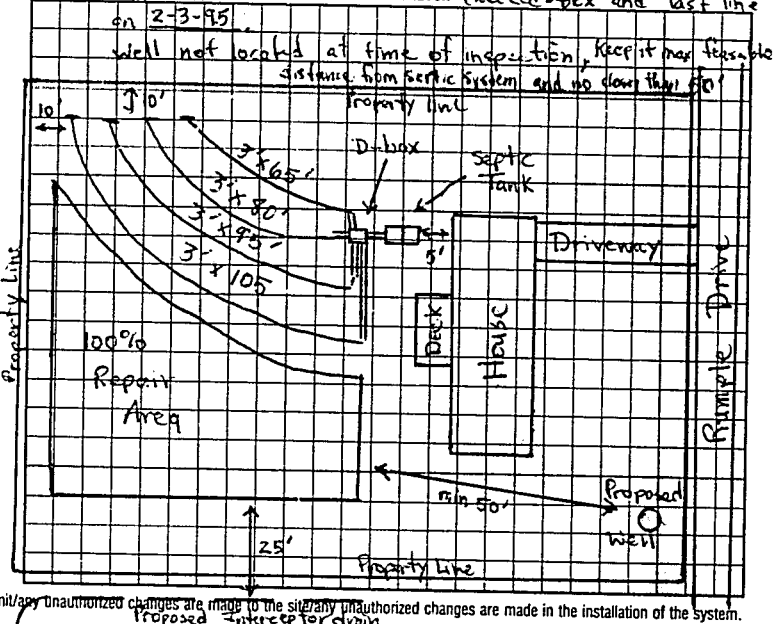
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour Keep system min 5' from foundation of home, 10' from all property lines, and min. 50' from any well. 100% Repair Area below system conventional, gravity fed.

Comments: Line installed deeper than permitted. (30"-36") soil looked o.k. There is no way to correct depth due to not enough available space, other than 100% Repair Area. System open to period of rain, may affect life span of system. Checked 1st 3 lines on 2-2-95. AS BUILT SKETCH checked d-box and last line on 2-3-95. well not located at time of inspection, keep it max feasable distance from Septic System and no closer than 50'

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 9-19-94

Existing System Inspection by: _____ date _____

Installed by: Randy Sipes

Certificate of Completion by: Michael J. Dennis date 2-3-95

Operation Permit by: _____ date _____

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