CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119680 PIN# 4722-58-4150 DATE 5/5/04

OWNER OR CONTRACTOR Jeffrey Manuel PHONE: Business (704) 872-3739 Home (704) 902-1877

ADDRESS 1676 Belfast Rd. Statesville, N. C. 28677

LOCATION I-40 W, (R) Old Mtn Rd, (L) to Rumple Drive (Lippard Springs S/D), Corner Lot of Rumple Dr + Stonefield

SUBDIVISION Lippard Springs BLOCK / SECTION III LOT #46 LOT AREA .69 Acres SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 4000 Gallons; STB 1012 Date 3-1-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model Equa Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 4 @ 90 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Gravity, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

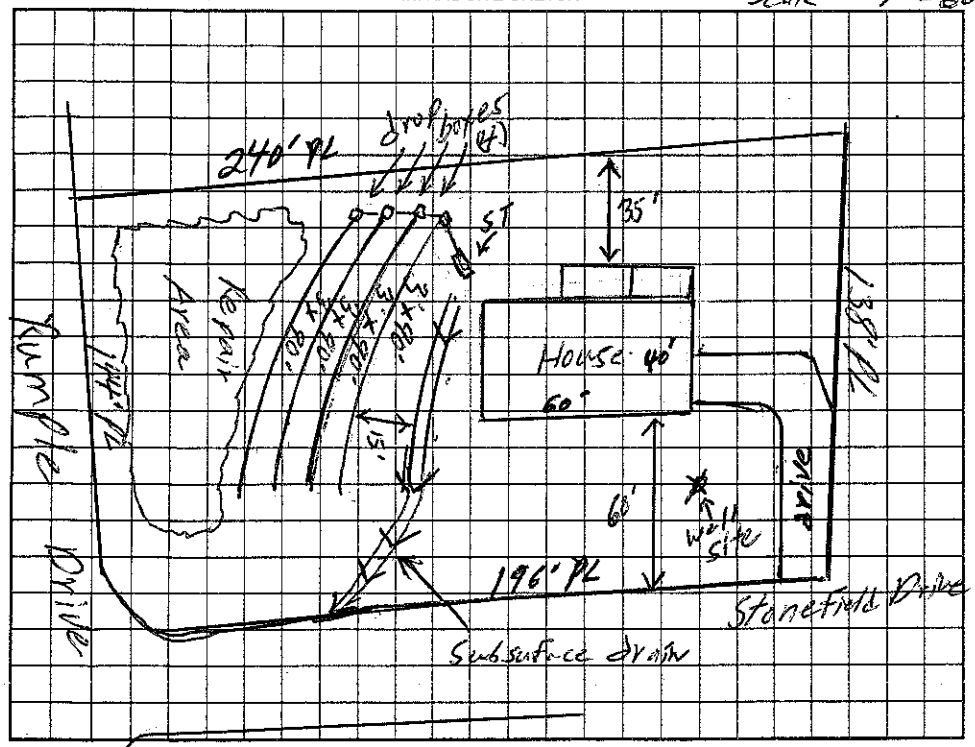
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

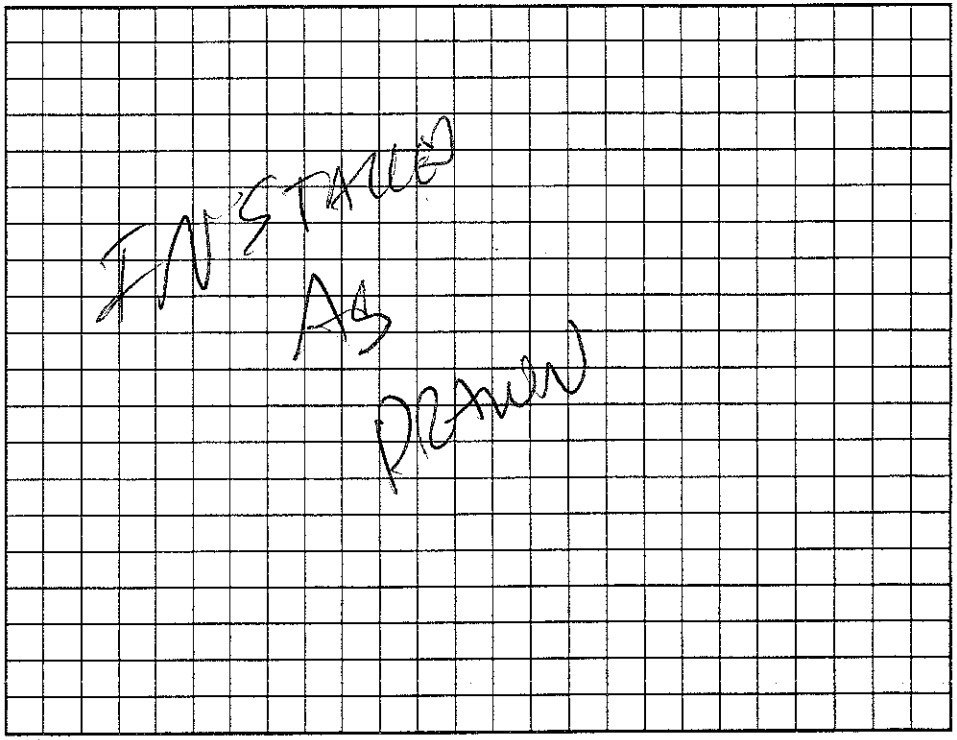
Comments:/Conditions: (1) Install lines on contour (2) maintain proper setbacks (3) Install subsurface drain minimum 12" below trench bottom depth to daylight

Comments:/Conditions: TOPSOIL FILL & MANUAL DITCHES 24" TRENCH DRAW IS 36" DEEP

INITIAL SITE SKETCH Scale 1"=60'



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: Jeffrey Manuel date _____ Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 5/5/04 Operation Permit by: [illegible] date 9-10-05

Authorization to Construct by: William O. Johnson date 5/5/04 Existing System Inspection by: _____ date _____

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