IREDELL COUNTY HEALTH DEPARTMENT

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

56759

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

PROPERTY DESCRIPTION NO. 21346 DATE 7-3-95 TAX MAP NO. 6C-6-A-47 Watershed: ☐ Yes ☑ No

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

ADDRESS 168 Buck creek Lane Statesville, N.C. 28677

LOCATION I40W TL Old Mtn Rd TL Lippard Springs (Rumple Dr) TR Stonefield Dr. 2nd Lot on L

SUBDIVISION Lippard Springs BLOCK / SECTION — LOT 47 LOT AREA .674 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-23-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

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: chambered gravelless System

Maintenance Agreement Required: ☐ Yes ☑ No 10-2-95

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

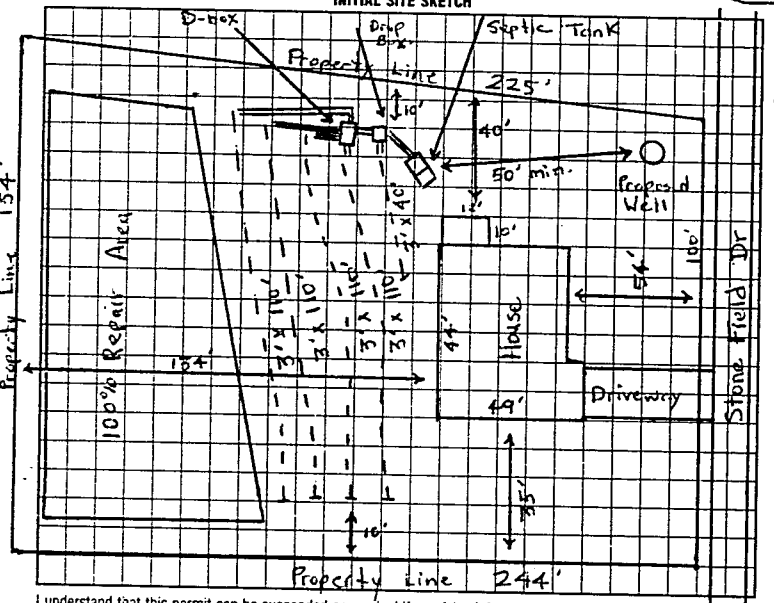
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

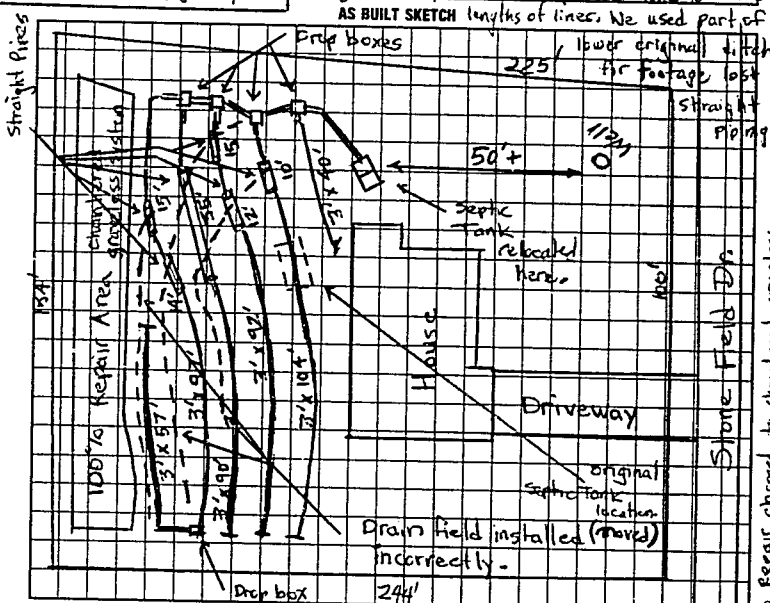
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and max. feasible distance from any well and no closer than 50'. 100% Repair below system conventional, gravity fed.

Comments: Made inspection on 9-22-95, 3 lines were installed, incorrect locations. Met on 9-25-95 to correct. We pulled stone and pipe out of original ditches and re-dug line (new ones) in correct places. Straight piping thru original ditches change over system to drop boxes due to un-even lengths of lines. We used part of lower original ditch for footage lost by Straight Piping.

INITIAL SITE SKETCH



AS BUILT SKETCH



100% Repair charged to chambered gravelless system due to the lots of stone repair area.

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: Cindy Sharp

Improvement Permit by: Michael A Dennis date 7-3-95

Existing System Inspection by: _____ date _____

Installed by: Charles Sharp

Certificate of Completion by: _____ date _____

Operation Permit by: Michael A Dennis date 10-2-95

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

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