IREDELL COUNTY HEALTH DEPARTMENT

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

56192

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

PROPERTY DESCRIPTION NO. 17400 DATE 9-15-94 TAX MAP NO. 6C-6-A-12 Watershed: ☐ Yes ☑ No

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

ADDRESS Rt. 10, Box 142-21 Statesville, N.C. 28677

LOCATION I-40W TL Old Mtn. Rd TL Rumple Dr TR St. Martins Lane Lot at end on L

SUBDIVISION Lippard Springs BLOCK / SECTION J LOT 23 LOT AREA ± 1.25 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 6-9-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

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: LPP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

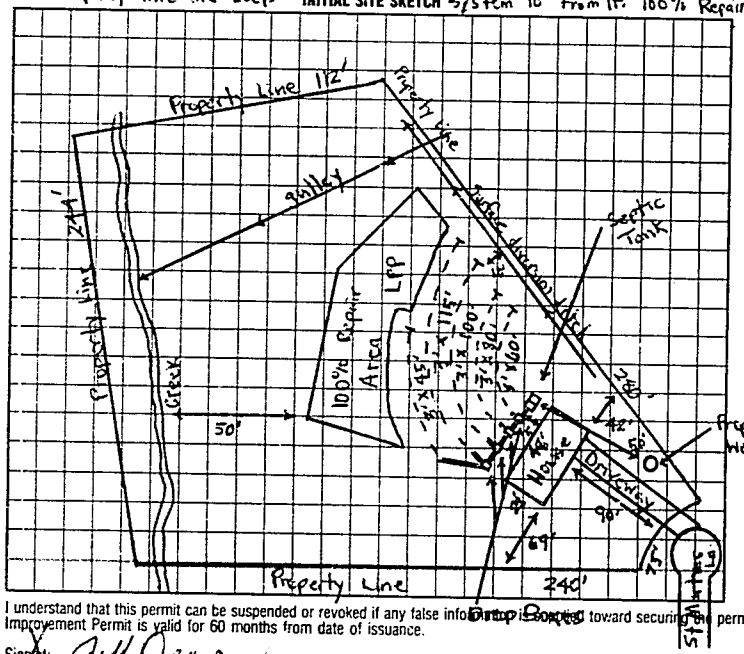
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

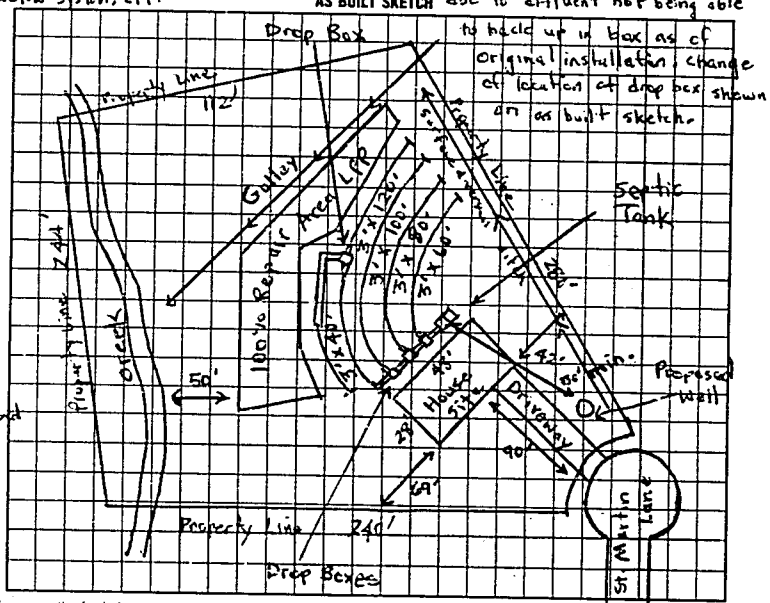
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to bottom of trench on upper side of trench) Keep lines and trenches on contour. Keep system min 5' from foundation of home, 10' from all property lines, 50' from any well, and 50' from creek. Clean out surface diversion ditch on Property line and keep

Comments: Home and well not located at time of inspection. Keep both required distances from septic system and repair area. Inspected system on 8-10-95. Inspected surface diversion ditch on 8-11-95. Drop box had to be moved in 4th line due to effluent not being able to build up in box as of original installation, change of location of drop box shown on as built sketch.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is provided 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: Jeff Dean

Improvement Permit by: Michael J. Dennis date 9-15-94

Existing System Inspection by: _____ date _____

Installed by: Levon Benton

Certificate of Completion by: Michael J. Dennis date [redacted] 8-11-95

Operation Permit by: _____ date _____

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