IREDELL COUNTY HEALTH DEPARTMENT

(CI)

902-0722 Robbie Brown

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

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

PERMIT# 108970 PIN# 4722677189

OWNER OR APPLICANT David Meehan / Cool Springs

ADDRESS 105 Galax Dr. Statesville, NC 28677 PHONE: Business 704.528.6378 Home 704.902.0286 DATE 8/8/08

LOCATION Old Mtn Rd., TL Rumple Hill, TR Lippard Springs, on lft.

SUBDIVISION Lippard Springs BLOCK / SECTION 7 LOT 148 LOT AREA 0.61 ac SITE CLASS. P.S. DESIGN FLOW 360 gpd L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 9-25-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% gravity
Repair System Description: LPP BPS
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

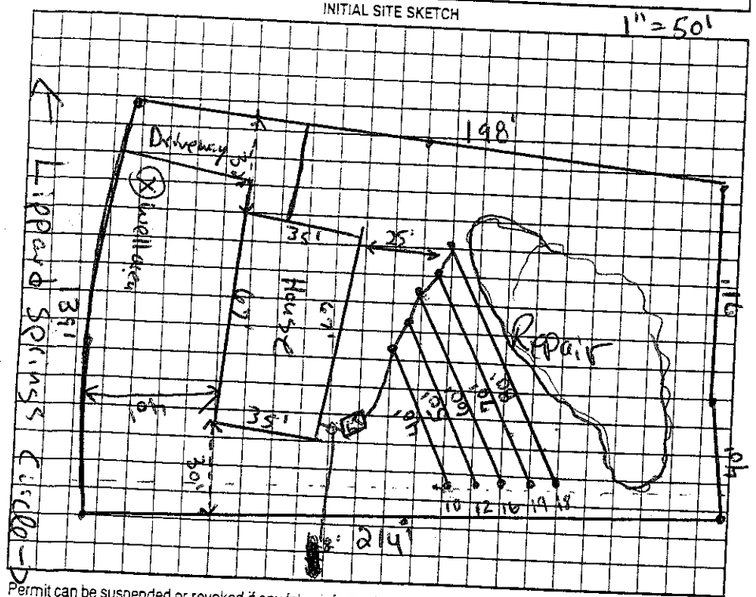
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other ___

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: - Install on contour, maintain all setbacks

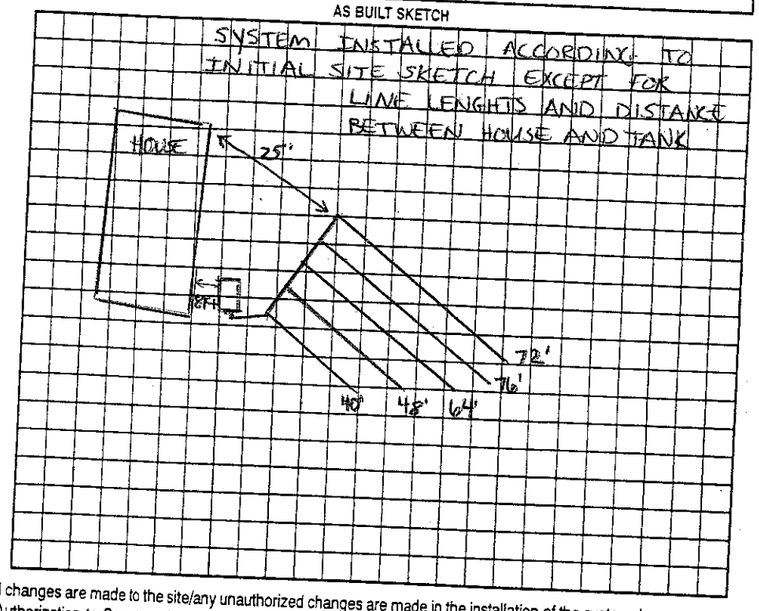
Comments/Conditions: Septic tank installed with tuf tite filter

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH EXCEPT FOR LINE LENGHTS AND DISTANCE BETWEEN HOUSE AND TANK



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: David Meehan date 8-11-08

Improvement Permit by: Kathy Mann date 8/18/08

Authorization to Construct by: Kathy Mann date 8/18/08

Installed by: Robert G. Bynum Jr.

Operation Permit by: Mike Baker Karen D Wallace RSS date 11-5-08

Existing System Inspection by: _____ date _____

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