IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 118197 PIN# 4736-50-7453 DATE 2/12/04

OWNER OR CONTRACTOR Danny Lippard Construction Co PHONE: Business (704) 902-4918 Home —

ADDRESS P.O. Box 689 Statesville N.C. 28677

LOCATION Hwy 21 N. to Fort Dobbs Rd to Dobbs Drive on corner of Fort Dobbs Rd & Dobbs Drive

SUBDIVISION Ft. Dobbs Farms BLOCK / SECTION — LOT 18 LOT AREA 1.14 Acres SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 5-1-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model Ecoflo Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

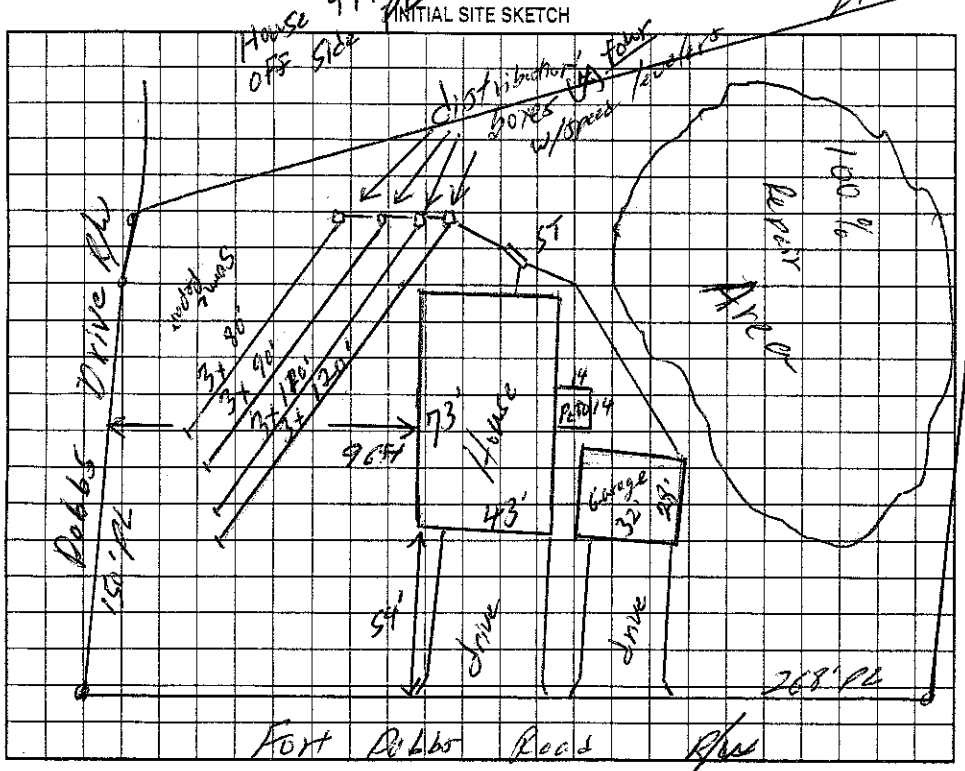
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: 0 maintain proper setbacks @ Install liner on contour

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH USING 64 "INFILTRATOR" CHAMBERS

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: _____ date 2-18-04 Installed by: DANA YOUNTZ

Improvement Permit by: William O. Johnson date 2/12/04 Operation Permit by: STEVE HENDRICK date 9-10-04

Authorization to Construct by: William O. Johnson date 2/12/04 Existing System Inspection by: _____ date _____

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